



STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

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FOR OFFICE USE ONLY			
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

3. FEDERAL INDIAN OR STATE LEASE NO.

75/8271-S

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			6. PERMIT NO. 801456
2. NAME OF OPERATOR Walsh Production, Inc.			7. API NO. 05 069 05141
3. ADDRESS OF OPERATOR P. O. Box 30			8. WELL NAME State of Colorado
CITY Sterling	STATE CO	ZIP CODE 80751	9. WELL NUMBER #R-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 660' FWL At proposed prod. zone			10. FIELD OR WILDCAT Douglas Lake
12. COUNTY Larimer			11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NW Sec. 36-T9N-R69W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK 12/15/94 thru 01/15/95

1. Dump sand to cover perms @ 3496' - 3700'.
2. Set 5 sack cement plug on top of sand. → PROVIDE 50' CMT PLUG ABOVE PERFS AT MINIMUM
3. Shoot and recover casing at approximately 2500'.
4. Set 30<sup>40</sup> sack cement plug in and out of base of surface pipe.
5. Set 5<sup>10</sup> sack cement plug at surface.
6. Cut off surface casing 4' below ground level and weld on cap.
7. Restore surface.

16. I hereby certify that the foregoing is true and correct

SIGNED David G. Walsh TELEPHONE NO. 303-522-1839  
NAME (PRINT) David G. Walsh TITLE Operator DATE 11-16-94

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 11/20/94  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_