

# OIL AND GAS CONSERVATION COMMISSION

## DEPARTMENT OF NATURAL RESOURCES

### OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.



00259992

#### 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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> 75/8271-S	
<b>2. NAME OF OPERATOR</b> Walsh Production, Inc.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>3. ADDRESS OF OPERATOR</b> P. O. Box 30, Sterling, CO 80751		<b>7. UNIT AGREEMENT NAME</b>	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NW SEC 36-9N-69W  At proposed prod. zone		<b>8. FARM OR LEASE NAME</b> State of Colorado	
		<b>9. WELL NO.</b> R-1	
		<b>10. FIELD AND POOL, OR WILDCAT</b> Douglas Lake	
		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b>  36-9N-69W	
<b>14. PERMIT NO.</b> 80-1456	<b>15. ELEVATIONS</b> (Show whether DF, ST, GR, etc.) 5286' KB	<b>12. COUNTY</b> Larimer	<b>13. STATE</b> CO

#### 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

##### NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON

CHANGE PLANS

##### SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

**17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS** (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 to this work.)

Date of work \_\_\_\_\_

Temporarily Shut-In.

RECEIVED

DEC 07 1988

COLO. OIL & GAS CONS. COMM.

**18. I hereby certify that the foregoing is true and correct**

<b>SIGNED</b> <u>Gudy Vandaguff</u>	<b>Representative of</b> <b>TITLE</b> <u>Operator</u>	<b>DATE</b> <u>12/6/88</u>
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(This space for Federal or State office use)

**APPROVED BY** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS

