

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.



00271801

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Walsh Production, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FWL, 745' FSL At proposed prod. zone		8. FARM OR LEASE NAME Champlin Reservoir	
14. PERMIT NO. 81 1289		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5300 KB		10. FIELD AND POOL, OR WILDCAT Douglas Lake	
12. COUNTY Larimer		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-9N-69W	
13. STATE CO			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT ☐(Other) ☐

(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 _____

This Well is Temporarily Abandoned.

RECEIVED

DEC 07 1988

COLO. OIL & GAS CONS. COMM.

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

Representative of

SIGNED

Judy Vandagriff

TITLE

Operator

DATE

12/6/88

(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