



00250991

OGCC FORM 4  
Rev. 8/89

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

SUBMIT ORIGINAL AND 1 COPY

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.)

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			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Walsh Production, Inc.			6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 30			7. API NO. 05 075 06524
CITY                      STATE                      ZIP CODE Sterling                      CO                      80751			8. WELL NAME G. A. Henderson
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface                      1720' FNL; 1166'FWL			9. WELL NUMBER #5
At proposed prod. zone			10. FIELD OR WILDCAT Cedar Creek
12. COUNTY Logan			11. QTR. QTR. SEC.. T.R. AND MERIDIAN NE SW NW Sec. 18-T9N-R53W

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

<b>13A. NOTICE OF INTENTION TO:</b> <input 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 _____	<b>13B. SUBSEQUENT REPORT OF:</b> <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 Reports and Log for subsequent reports of Multiple/Commungled Completions and Recompletions</small>	<b>13C. NOTIFICATION OF:</b> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>5-19-83</u> ) (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 \_\_\_\_\_

This well is shut-in pending further evaluation.

**RECEIVED**

COLO. OIL & GAS CONS. COMM.

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

SIGNED Debby Mari TELEPHONE NO. 303-522-1839

NAME (PRINT) Debby Mari TITLE Representative to Operator DATE 1-3-92

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: