

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
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 Sterling	STATE CO	8. WELL NAME G. A. Henderson
ZIP CODE 80751		9. WELL NUMBER #5
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		10. FIELD OR WILDCAT Cedar Creek
At proposed prod. zone		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW NW Sec. 18-T9N-R53W
12. COUNTY Logan		

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

<p>13A. NOTICE OF INTENTION TO:</p> <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 _____	<p>13B. SUBSEQUENT REPORT OF:</p> <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/Commingled Completions and Recompletions</small>	<p>13C. NOTIFICATION OF:</p> <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>11/93</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 currently shut-in.

The well is part of a multiple well lease and could be used for reservoir monitoring purposes.

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 5-2-94

(This space for Federal or State office use)

APPROVED R. VanSickle TITLE Engr. DATE JUL 11 1994

MIT due by 11-95.