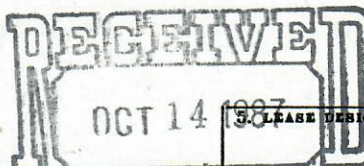




00416532

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

C

## SUNDRY NOTICES AND REPORTS ON WELLS O. OIL &amp; GAS CONS. COMM.

(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Frank H. Walsh		8. FARM OR LEASE NAME Noonen 03002	
3. ADDRESS OF OPERATOR Post Office Box 30, Sterling, CO 80751		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW NW of 24-3S-59W		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5198 KB	
12. COUNTY Adams		13. STATE CO	

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FULL 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 Shut-In.

FOR OFFICE USE ONLY
ET
FE
SS/K
UC
St

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

Representative to

SIGNED

TITLE

Operator

DATE 10-9-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE OCT 16 1987

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm

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