



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

SUBMIT ORIGINAL AND 1 COPY

*Need to
set up mit*

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. 001 05 0290
CITY Sterling	STATE CO	ZIP CODE 80751	8. WELL NAME Noonen
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-T3S-R59W			9. WELL NUMBER #1
At proposed prod. zone			10. FIELD OR WILDCAT Noonen Ranch
12. COUNTY Adams			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW NW Sec. 24-T3S-R5

RECEIVED
MAY - 3 1994

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>1/86</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 pending use in a proposed secondary recovery unit.

*mit test.
11/21/94*

*0 min 370 psi
5 min 360 psi
10 min 355 psi
15 min 350 psi*

*Call to
set up
mit*

- 20 psi loss

Held OK, passed test

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 *Jerry Roth* TITLE Engineer DATE 6.13.94

CONDITIONS OF APPROVAL, IF ANY: *Per Rule 324 b the well must pass a mechanical integrity test or per Rule 317 b.(3) be plugged within 6 months.* 12-10-94