

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	

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER _____

* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED
(DATE 1/86)
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED
(DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER _____

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.
11/21/940 min 370 psi
5 min 360 psi
10 min 355 psi
15 min 350 psicall to
set up
mit

Held OK, passed test

- 20 psi loss

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

SIGNED

NAME (PRINT)

David G. Walsh

TITLE

Operator

DATE

5-2-94

(This space for Federal or State office use)

APPROVED

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