

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

00230270

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. 10001
3. ADDRESS OF OPERATOR P. O. Box 30 CITY STATE ZIP CODE Sterling CO 80751			7. API NO. 001 05 0400
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL, 1845' FWL At proposed prod. zone			8. WELL NAME Noonen UPRR
			9. WELL NUMBER #1-B
			10. FIELD OR WILDCAT Noonen Ranch
			11. QTR. QTR. SEC., T.R. AND MERIDIAN Sec. 13-3S-59W (SESW)
			12. COUNTY Adams

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/Commungled Completions and Recompletions

## 13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED  
(DATE 11/87)  
(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 shut-in pending future use in proposed unit.

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

SIGNED

TELEPHONE NO. 303-522-1839

NAME (PRINT)

Debby Mari

TITLE Representative of 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) must be plugged and abandoned within six months (Dec 10, 1994)