



00230290

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

MAR 30 1993

COLO. OIL &amp; GAS CON. COM.

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SE

OGCC LEASE NO. 02983	LEASE NAME Noonen UPRR	WELL NO. B-2	API NO. 05 001 5044
FIELD NAME & NO. Noonen Ranch 60000	COUNTY Adams	LOCATION (1/4 1/4, SEC, TWP., RNG) C NE SW Sec. 13-T3S-R59W	
OPERATOR NAME Walsh Production, Inc.		OGCC OPR. NO. 94090	AREA CODE PHONE NUMBER ( 303 ) 522-1839
OPERATOR ADDRESS P. O. Box 30		** PREVIOUS OPERATOR	
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 3-1-93
		NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER	

\*Complete only if this well is part of a previously producing lease.

\*\*Complete only if change of operator or change of company name.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)  J Sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (More than one may apply) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
New Well Test Data on 24 hr. Basis: Test Date _____ _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Texaco Trading & Transportation		OGCC NO. 33940
ADDRESS P. O. Box 5568 T. A.		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER ( 303 ) 861-4475	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		
<input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> FEE		
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: \_\_\_\_\_

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) David G. Walsh TITLE Operator DATE 3-22-93SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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

RECEIVED

MAR 30 1993

**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY  
ET FE UC SE

OGCC LEASE NO. 02983	LEASE NAME Noonen UPRR	WELL NO. B-2	API NO. 05 001 5044
FIELD NAME & NO. Noonen Ranch 60000	COUNTY Adams	LOCATION (1/4, SEC. TWP., RNG) C NE SW Sec. 13-T3S-R59W	
OPERATOR NAME ✓ Walsh Production, Inc.		OGCC OPR. NO. 94090	AREA CODE PHONE NUMBER ( 303 ) 522-1839
OPERATOR ADDRESS P. O. Box 30		** PREVIOUS OPERATOR	
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 3-1-93
			NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER

\*Complete only if this well is part of a previously producing lease.  
\*\*Complete only if change of operator or change of company name.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)  J Sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (More than one may apply) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
New Well Test Data on 24 hr. Basis: Test Date _____ _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Texaco Trading & Transportation	OGCC NO. 33940	
ADDRESS P. O. Box 5568 T. A.		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER ( 303 ) 861-4475	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: \_\_\_\_\_

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) David G. Walsh TITLE Operator DATE 3-22-93  
SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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

RECEIVED

MAR 30 1994

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

OGCC LEASE NO. 02983		LEASE NAME Noonen UPRR		WELL NO. B-2	API NO. 05 001 5044
FIELD NAME & NO. Noonen Ranch 60000		COUNTY Adams	LOCATION (1/4, SEC, TWP., RNG) C NE SW Sec. 13-T3S-R59W		
OPERATOR NAME Walsh Production, Inc.			OGCC OPR. NO. 94090	AREA CODE PHONE NUMBER ( 303 ) 522-1839	
OPERATOR ADDRESS P. O. Box 30			** PREVIOUS OPERATOR		
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 3-1-93	NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER	

\*Complete only if this well is part of a previously producing lease.

\*\*Complete only if change of operator or change of company name.

PRODUCING FORMATION(S) (A separate FORM 10 must  
be submitted for each producing formation of a Multiple Completion.)

J Sand

CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED
----------------------------------	------------------------------------

## TYPE OF COMPLETION (More than one may apply)

- ☐
- NEW COMPLETION
- ☐
- COMMINGLED COMPLETION
- 
- ☐
- RECOMPLETION
- ☐
- MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date \_\_\_\_\_  
\_\_\_\_\_ Bbls. Oil \_\_\_\_\_ Mcf Gas \_\_\_\_\_ Bbls. Wtr.

## OIL TRANSPORTER (First Purchaser)

NAME Texaco Trading & Transportation		OGCC NO. 33940
ADDRESS P. O. Box 5568 T. A.		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER ( 303 ) 861-4475	DATE OF FIRST PRODUCTION	

## GAS GATHERER (First Purchaser)

NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

## ROYALTY OWNER

- ☐
- STATE
- ☐
- FEDERAL
- 
- ☐
- INDIAN
- ☒
- FEE

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
----------------------	------------------------	--

## METHOD OF WATER DISPOSAL

- FACILITY NUMBER \_\_\_\_\_
- 
- ☐
- CENTRAL PIT
- ☐
- COMMERCIAL PIT
- 
- ☐
- ON-SITE PIT
- ☐
- INJECTION WELL
- 
- ☐
- N/A

Remarks: \_\_\_\_\_

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) David G. Walsh TITLE Operator DATE 3-22-93SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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

MAR 30 1995

COLORADO OIL & GAS CONSERVATION COMMISSION

**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SE

* OGCC LEASE NO. 02983		LEASE NAME Noonen UPRR		WELL NO. B-2	API NO. 05 001 5044	
FIELD NAME & NO. Noonen Ranch 60000		COUNTY Adams	LOCATION (1/4 1/4, SEC. TWP., RNG) C NE SW Sec. 13-T3S-R59W			
OPERATOR NAME Walsh Production, Inc.			OGCC OPR. NO. 94090	AREA CODE ( 303 )	PHONE NUMBER 522-1839	
OPERATOR ADDRESS P. O. Box 30			** PREVIOUS OPERATOR			
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 3-1-93	NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER		

\*Complete only if this well is part of a previously producing lease.  
\*\*Complete only if change of operator or change of company name.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)  J Sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
New Well Test Data on 24 hr. Basis: Test Date _____ _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Texaco Trading & Transportation		OGCC NO. 33940
ADDRESS P. O. Box 5568 T. A.		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE ( 303 )	PHONE NUMBER 861-4475	DATE OF FIRST PRODUCTION

<b>GAS GATHERER (First Purchaser)</b>		
NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE ( )	PHONE NUMBER	DATE OF FIRST SALES

<b>ROYALTY OWNER</b>	
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL
	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: \_\_\_\_\_

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) David G. Walsh TITLE Operator DATE 3-22-93  
SIGNED *David G. Walsh*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_