



00325764

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

RECEIVED

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		7. UNIT AGREEMENT NAME West Fork Unit	
2. NAME OF OPERATOR Berry Energy, Inc.		8. FARM OR LEASE NAME West Fork Unit	
3. ADDRESS OF OPERATOR 1019 8th Street, Suite 301, Golden, CO 80401		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW/4 NE/4 Sec. 19-T3S-R55W At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT West Fork	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T3S-R55W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4703 GR	12. COUNTY Washington	13. STATE Colorado

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL 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) Temporarily Abandoned

(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.)

18. Date of work

* Must be accompanied by a cement verification report.

This well is temporarily abandoned.

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

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

SIGNED

Marietta Barnhart

TITLE

Controller

DATE

4/21/87

(This space for Federal or State office use)

APPROVED BY

C. D. Matter

TITLE

SR. PETROLEUM ENGINEER
O & G Cons. Comm

DATE

MAY 12 '87

CONDITIONS OF APPROVAL, IF ANY: