



00325763

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

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

5. LEASE DESIGNATION &amp; 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 WELL <input type="checkbox"/> GAS 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:

## SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

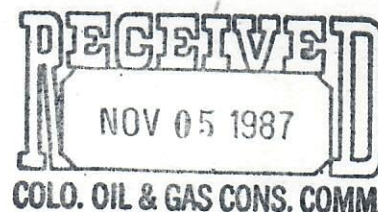
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

This well is temporarily abandoned.

FOR OFFICE USE ONLY
ET
FE
UR
SR



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

SIGNED Marietta Barnhart TITLE Controller DATE 11/4/87

(This space for Federal or State office use)

APPROVED BY C. D. Matter TITLE SR. PETROLEUM ENGINEER DATE NOV 14 87  
CONDITIONS OF APPROVAL, IF ANY:

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