

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



00325761

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

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 WELL ☐ GAS WELL ☐ OTHER ☒ 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

10. FIELD AND POOL, OR WILDCAT

West Fork

At proposed prod. zone

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

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☐
☐
☐

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandoned

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

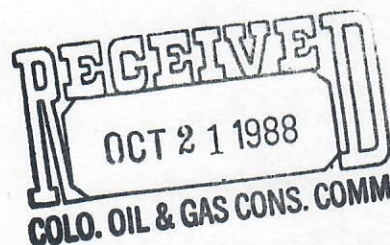
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true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



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

SIGNED

Marietta Barnholt

TITLE

Controller

DATE

10/20/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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