

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.

**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"/> <b>Water Injection</b>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <b>Berry Energy, Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>1019 8th Street, Suite 301, Golden, CO 80401</b>		7. UNIT AGREEMENT NAME <b>West Fork Unit</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>SW/4 NW/4 Sec. 19-T3S-R55W</b>  At proposed prod. zone		8. FARM OR LEASE NAME <b>West Fork Unit</b>	
14. PERMIT NO.		9. WELL NO. <b>#5</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4758 KB</b>		10. FIELD AND POOL, OR WILDCAT <b>West Fork</b>	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 19-T3S-R55W</b>	
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.)		12. COUNTY <b>Washington</b>	
18. Date of work _____		13. STATE <b>Colorado</b>	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

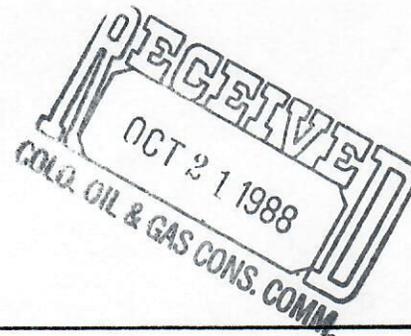
TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other)	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANS: <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
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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 Barnhart 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 ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.**