

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.

5. LEASE DESIGNATION & SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.

#5

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

SW/4 NW/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.)

4758 KB

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

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS:

REPAIR WELL.

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF:

☐
☐
☐
☐

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Temporarily Abandoned

XX

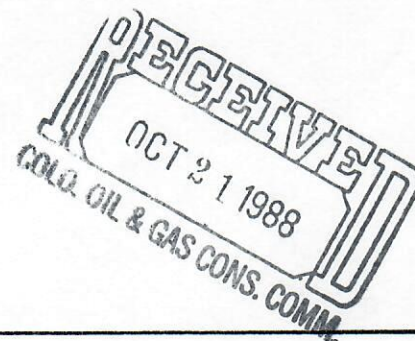
(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.



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

SIGNED

Marjatta 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.