

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



00325833

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

APR 28 1986

RECEIVED

OC

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME West Fork	
2. NAME OF OPERATOR Berry Energy, Inc./Walter V. Berry		8. FARM OR LEASE NAME H. Gilbert	
3. ADDRESS OF OPERATOR 1019 8th Street, Suite 301, Golden, Colorado 80401		9. WELL NO. #6 (Gilbert #2)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C SE/4 NW/4 At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT West Fork	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-3S-55W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4752'	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)

(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.

Status: Inactive injection well

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

SIGNED

Maureen Edgett

TITLE Controller

DATE 4/25/86

(This space for Federal or State office use)

APPROVED BY

Ed D. Matteo

TITLE

SR. PETROLEUM ENGINEER

O & G Cons. Comm

DATE

APR 29 86

CONDITIONS OF APPROVAL, IF ANY:

If well is reactivated as an injection well, must run and pass mechanical integrity test as per Rule 327 before injection commences.