

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

RECEIVED

OC



00325833

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

APR 28 1986

COLO. OIL & GAS CON. COMM.

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"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Berry Energy, Inc./Walter V. Berry		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1019 8th Street, Suite 301, Golden, Colorado 80401		7. UNIT AGREEMENT NAME West Fork	
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		8. FARM OR LEASE NAME H. Gilbert	
14. PERMIT NO.		9. WELL NO. #6 (Gilbert #2)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4752'		10. FIELD AND POOL, OR WILDCAT West Fork	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-3S-55W	
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <input 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.)

* Must be accompanied by a cement verification report.

18. Date of work _____

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 DiMatteo TITLE SR. PETROLEUM ENGINEER DATE APR 29 86
O & G Cons. Comm

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.

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