

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



00325819

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"/> Water Injection		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Berry Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1019 8th Street, Suite 301, Golden, CO 80401		7. UNIT AGREEMENT NAME West Fork Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4 NW/4 Sec. 19-T3S-R55W At proposed prod. zone		8. FARM OR LEASE NAME West Fork Unit	
		9. WELL NO. #6	
		10. FIELD AND POOL, OR WILDCAT West Fork	
		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.) 4751 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Temporarily Abandoned ☒

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

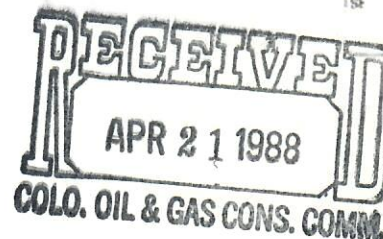
REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

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 Barnhart

TITLE

Controller

DATE

4/20/88

(This space for Federal or State office use)

APPROVED BY

C. D. Matter

TITLE

SR. PETROLEUM ENGINEER

O &amp; G Cons. Comm.

DATE

MAY 02 88

CONDITIONS OF APPROVAL, IF ANY:

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