

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



00325818



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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <u>Berry Energy, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1019 8th Street, Suite 301, Golden, CO 80401</u>		7. UNIT AGREEMENT NAME <u>West Fork Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SE/4 NW/4 Sec. 19-T3S-R55W</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>West Fork Unit</u>	
14. PERMIT NO.		9. WELL NO. <u>#6</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4751 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>West Fork</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-T3S-R55W</u>	
		12. COUNTY <u>Washington</u>	13. STATE <u>Colorado</u>

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) <u>Temporarily Abandoned</u> <input checked="" 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.)

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 FOR SHUT-IN
& TEMPORARILY ABANDONED WELLS.