

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES



Use in duplicate for Patented and Federal lands.
Use 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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> 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 WestFork Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4 SW/4 Sec. 19-T3S-R55W At proposed prod. zone		8. LEASE OR LEASE NAME West Fork Unit
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4758 KB		10. FIELD AND POOL, OR WILDCAT West Fork
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T3S-R55W
		12. COUNTY Washington
		13. STATE Colorado

RECEIVED

APR 24 1987

COLORADO OIL & GAS CONSERVATION COMMISSION

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.

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



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

SIGNED Marietta Barnholt TITLE Controller DATE 4/21/87

(This space for Federal or State office use)

APPROVED BY Ed DiMatter TITLE SR. PETROLEUM ENGINEER DATE MAY 12 '87

CONDITIONS OF APPROVAL, IF ANY: