

Re



00250965

STATE OF COLORADO
GAS CONSERVATION COMMISSION
ARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
ET	FE	UC	SE

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Walsh Production, Inc.			6. PERMIT NO. 05-075-06523
3. ADDRESS OF OPERATOR P. O. Box 30 CITY STATE ZIP CODE Sterling CO 80751			7. API NO. 05-075-06523
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1653' FNL; 2464' FWL At proposed prod. zone			8. WELL NAME G. A. Henderson
			9. WELL NUMBER #4
			10. FIELD OR WILDCAT Cedar Creek
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SE NW Sec. 18-T9N-R53W

RECEIVED
MAY - 3 1994

COLO. OIL & GAS CONS. COMM.

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
☐ MULTIPLE COMPLETION
☐ COMMINGLE ZONES
☐ FRACTURE TREAT
☐ REPAIR WELL
☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION
AND JOB LOG)
☐ ABANDONED LOCATION (WELL NEVER DRILLED -
SITE MUST BE RESTORED WITHIN 6 MONTHS)
☐ REPAIRED WELL
☐ OTHER _____

*Use Form 5 - Well Completion or Recompletion Report and Log
for subsequent reports of Multiple/Commingle Completions
and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED
(DATE 1/19/93)
(REQUIRED EVERY 6 MONTHS)
☐ PRODUCTION RESUMED
(DATE _____)
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☐ OTHER _____

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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

15. DATE OF WORK _____

This well is currently shut-in.

The well is part of a multiple well lease and could be used
for reservoir monitoring purposes.

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

SIGNED

David G. Walsh

TELEPHONE NO. 303- 522-1839

NAME (PRINT)

David G. Walsh

TITLE

Operator

DATE

5-2-94

(This space for Federal or State office use)

APPROVED

R. VanSick

TITLE

Engr.

DATE

JUL 11 1994

CONDITIONS OF APPROVAL, IF ANY:

MT due 1-95.