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STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
ARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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**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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

1.  OIL WELL  GAS WELL  COALBED METHANE  INJECTION WELL  OTHER

6. PERMIT NO.

2. NAME OF OPERATOR  
Walsh Production, Inc.

7. API NO.  
05-075-06523

3. ADDRESS OF OPERATOR  
P. O. Box 30  
CITY STATE ZIP CODE  
Sterling CO 80751

RECEIVED  
MAY - 3 1994

8. WELL NAME  
G. A. Henderson

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

COLO. OIL & GAS CONS. COMM.

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

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 report of Multiple/Commingled 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. VanSickh TITLE Engr. DATE JUL 11 1994

CONDITIONS OF APPROVAL, IF ANY:

MT due 1-95.