

NOV 7 1983

OGCC FORM 4
Rev. 1/78

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

COLO. OIL & GAS CONS. COMM.



02358208 State for Patented and Federal lands.
Use this form 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Walter V. Berry		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1019 8th Street, #301; Golden, CO 80401		7. UNIT AGREEMENT NAME West Fork	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1860' FNL 660' FWL SWNE Sec. 30 At proposed prod. zone J Sand		8. FARM OR LEASE NAME West Fork Unit	
14. PERMIT NO. 81649		9. WELL NO. #20	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4748 6G		10. FIELD AND POOL, OR WILDCAT West Fork - J Sand	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-3S-55W	
		12. COUNTY Washington	13. STATE CO

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>conversion to water injection</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.

Pulled pump and rods on 5/83

RECEIVED
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COLO. OIL & GAS CONS. COMM.

WRS	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED Gary Chouy TITLE Exploration Manager DATE 11-2-83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE NOV 30 1983
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: