

OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.
C-100-01-2 GAS CONS. COMM.

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Inexco Oil Company		8. FARM OR LEASE NAME King Pyles	
3. ADDRESS OF OPERATOR 308 Lincoln Tower Bldg., Denver, CO 80295		9. WELL NO. #3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SE Section 8 At proposed prod. zone T19S, R45W		10. FIELD AND POOL, OR WILDCAT Brandon	
14. PERMIT NO. 71-266		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3872' GR	
		12. COUNTY OR PARISH Kiowa	13. STATE Colorado

6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME King Pyles	
9. WELL NO. #3	
10. FIELD AND POOL, OR WILDCAT Brandon	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE Section 8 T19S, R45W	
12. COUNTY OR PARISH Kiowa	13. STATE Colorado

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

Date of work August, 1977

Casing leak was found from 1686'-1748' during routine pump change. Proposed work is to squeeze leak with 100 sx. Type "H" cement; test leak and resqueeze if necessary before putting well back on production.

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
KLO	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED W.R. Emmett TITLE Division Production Manager DATE September 2, 1977

(This space for Federal or State office use)

DIRECTOR
O & G CONS. COMM.

APPROVED BY [Signature] TITLE _____ DATE SEP 8 1977

CONDITIONS OF APPROVAL, IF ANY: