



OGCC FORM 4

REV. 7-64

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

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

RECEIVED
DEC 13 1985

COLORADO OIL & GAS CONSERVATION COMMISSION



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 GAS WELL OTHER

2. NAME OF OPERATOR
Inexco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln Street, Suite 500 Denver, CO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
At proposed prod. zone 660 FEL & 1980 FSL
As Above Sec 8 T19S-R45W

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
King-Pyle

9. WELL NO.
#3

10. FIELD AND POOL, OR WILDCAT
Brandon

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NeSe Sec 8 T19S-R45W

12. COUNTY
Kiowa

13. STATE
Colorado

14. PERMIT NO.
71-266

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3872' GR 3884' KB

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) _____	
(Other) _____	Shut-In <input checked="" 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 _____

Well was Shut-In 2/5/85 pending workover evaluation and approval.

WRS	
FJP	
HHM	
JAM	
RCC	
LAR	
COM	
ED	

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

SIGNED W.R. Emmett TITLE Division Operations Manager DATE 12/10/85
W. R. Emmett

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE DEC 13 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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