



OGCC FORM 4

REV. 7-64

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.RECEIVED
DEC 13 1985
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR Inexco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 500 Denver, CO 80295		7. UNIT AGREEMENT NAME	
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 As Above 660 FEL & 1980 FSL Sec 8 T19S-R45W		8. FARM OR LEASE NAME King-Pyle	
14. PERMIT NO. 71-266		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3872' GR 3884' KB		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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐Shut-In ☒

SUBSEQUENT REPORT OF:

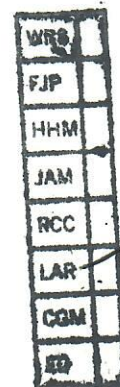
WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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.



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

SIGNED

W. R. Emmett

TITLE Division Operations Manager DATE 12/10/85

(This space for Federal or State office use)

APPROVED BY

William R. Emmett

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR

O & G Cons. Comm.

DATE

DEC 13 1985