



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  
JUL 24 1978

5. LEASE DESIGNATION AND SERIAL NO. **OIL & 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>Inexco Oil Company</b>		8. FARM OR LEASE NAME <b>King Pyles</b>
3. ADDRESS OF OPERATOR <b>308 Lincoln Tower Building, Denver, CO 80295</b>		9. WELL NO. <b>#3</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>At proposed prod. zone NE SE, Section 8 T19S, R45W</b>		10. FIELD AND POOL, OR WILDCAT <b>Brandon</b>
14. PERMIT NO. <b>71-266</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>NE SE, Section 8 T19S, R45W</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3872' GR</b>		12. COUNTY <b>Kiowa</b>
		13. STATE <b>Colorado</b>

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 checked="" 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) <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 July-August, 1978

Present Status: Well is producing from Mississippian perfs: 4602'-4690'.

Proposed Work: MI and RU pulling unit. POOH with production equipment. Run bit and casing scraper to PBTD - 4691'. RIH with packer. Set packer at ± 4500'. Acidize Mississippian perfs - 4602'-4690' with 7,500 gallons of MOD-202 acid. Swab well to clean up fines. Run production equipment. Put well on pump.

DVR
FJP
HHH
JAM
JJD
RLS
OGM

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

SIGNED WRE TITLE Division Production Manager DATE 7/19/78  
W. R. Emmett

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE JUL 26 1978  
W & G CONS. COMM.

file  
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