



OGCC FORM 4

REV. 7-84

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.

DEC 13 1985

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. WELL DESIGNATION AND SERIAL NO. C01-280A, B&C	
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 NeNe Sec 9 T19S-R45W 660 FNL & 660 FEL At proposed prod. zone As Above		8. FARM OR LEASE NAME Harrison	
14. PERMIT NO. 66310		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3902' GR, 3910' KB		10. FIELD AND POOL, OR WILDCAT Brandon	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NeNe Sec 9 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 ☒☐
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐☐
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(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 7/13/82, Uneconomic. Lease HBP.

WRS	
FJP	
HHM	
JAM	
RCC	
LAR	
CGM	
ED	

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

SIGNED

W. R. Emmett

TITLE Division Operations Manager DATE 12/5/85

(This space for Federal or State office use)

APPROVED BY

William Blumh

TITLE

DIRECTOR

DATE

DEC 17 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.