



OGCC FORM 4

REV. 7-64

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

DEC 13 1985

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

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.)

WELL DESIGNATION AND SERIAL NO.

C01-280A, B&C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harrison

9. WELL NO.

#2

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

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 NeNe Sec 9 T19S-R45W 660 FNL & 660 FEL  
At proposed prod. zone  
As Above

14. PERMIT NO.  
66310

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3902' GR, 3910' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	Shut-In <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

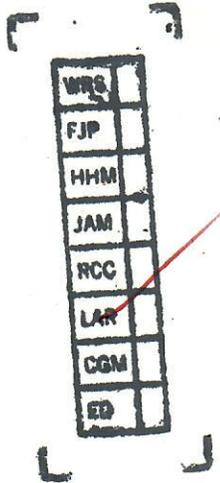
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>

(Other)  (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.



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

SIGNED WR E  
W. R. Emmett

TITLE Division Operations Manager DATE 12/5/85

(This space for Federal or State office use)  
APPROVED BY William Blumh  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR  
O & G Cons. Comm.

DATE DEC 17 1985

B

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