

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



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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <b>2. NAME OF OPERATOR</b> Inexco Oil Company, a wholly owned subsidiary of The Louisiana Land and Exploration Company <b>3. ADDRESS OF OPERATOR</b> 1560 Broadway, Suite 1200, Denver, Colorado 80202 <b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWNW Sec. 4 At proposed prod. zone _____		<b>5. LEASE DESIGNATION &amp; SERIAL NO.</b>  <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  <b>7. UNIT AGREEMENT NAME</b>  <b>8. FARM OR LEASE NAME</b> N.W.B.U. <b>9. WELL NO.</b> #4 <b>10. FIELD AND POOL, OR WILDCAT</b> Brandon <b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 4-T19S-R45W <b>12. COUNTY</b> Kiowa <b>13. STATE</b> Colorado
<b>14. PERMIT NO.</b> 67-369	<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3884' GR & 3893' KB	<b>12. COUNTY</b> Kiowa <b>13. STATE</b> Colorado

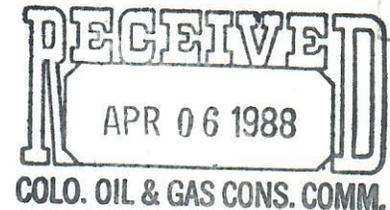
**16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**

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) _____	(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.)

**18. Date of work** \_\_\_\_\_ \* Must be accompanied by a cement verification report.

The above referenced well is currently shut-in pending an improvement in the petroleum market.



**19. I hereby certify that the foregoing is true and correct**

SIGNED Rick L. Kirby TITLE Sr. Petroleum Engineer DATE 04/04/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS**

FOR OFFICE USE ONLY

FF

FC

FD

FE