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OGCC FORM 4

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

REV. 7-64

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

COLORADO OIL & GAS CONSERVATION COMMISSION SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Inexco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street Suite 500 Denver, CO 80295		8. FARM OR LEASE NAME NWBU	
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		9. WELL NO. #4	
SW NW Section 4 T19S R45W 660' E of W and 1980' S of N line		10. FIELD AND POOL, OR WILDCAT Brandon	
14. PERMIT NO. 67-369		11. SEC., T., R., M., OR BLD. AND SURVEY OR AREA SW NW Section 4 T19S R45W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3884' GR and 3893' KB		12. COUNTY Kiowa	13. STATE CO

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 checked="" 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) <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 June 1, 1980

The purpose of this workover was to repair a casing leak from 1355'-1805'. Total of 450'. The leak was squeezed 3 times with an overall total of 250 sx of cement approximately 11 days were spent milling and fishing the packer. This workover was unsuccessful. We swab tested 100% drilling mud and LCM and are producing the well under a packer set at 4546'.

Production before Workover	4 BOPD, 186 BWPD
Production after Workover	8 BOPD, 162 BWPD

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
OGM	<input type="checkbox"/>

18. I hereby certify that the foregoing is true and correct
SIGNED WR E TITLE Division Operations Manager DATE June 30, 1980
W. R. Emmett

(This space for Federal or State office use)
APPROVED BY W. Rogers TITLE DIRECTOR DATE JUL 7 1980
O & G CONS. COMM.
CONDITIONS OF APPROVAL, IF ANY:

file