

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

RECEIVED

APR 2 1979



00572083

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

COLO. OIL & GAS CONS. COMMISSION

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 308 Lincoln Tower, Denver, Colorado 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 SW NW Section 4 T19S, R45W 660' E of W and 1980' S of N line		9. WELL NO. #4	
14. PERMIT NO. 67-369		10. FIELD AND POOL, OR WILDCAT Brandon	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3884' GR and 3893' KB		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA SW NW Section 4 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 <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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT <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 March 16, 1979

MI and RU. POOH with production equipment. Ran bit and casing scraper. RIH with tubing and packer. Perforated Mississippian from 4604-06, 4608-10, 4589-96, 4575-77, 4584-86, 4552-54, and 4565-67. Acidized Mississippian perms, 4547' - 4712', down 2-7/8" tubing with 9,000 gals. MOD-202 acid. Swabbed well. TOOH with tubing and packer. Ran production equipment. Put well on pump.

Production Before Workover

5 BOPD, 11 BWPD

Production After Workover

32 BOPD, 119 BWPD



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

SIGNED W.R. EMMETT TITLE Division Production Manager DATE 3/30/79

(This space for Federal or State office use)

APPROVED BY W.R. Rogers TITLE DIRECTOR DATE APR 2 1979

CONDITIONS OF APPROVAL, IF ANY:

file