

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

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



00572081

RECEIVED

FEB 18 1986

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. LEASE DESIGNATION AND SERIAL NO.	
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 N.W.B.U.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NW Section 4 At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO. 67-369		9. WELL NO. #4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3884' GR 3893' KB		10. FIELD AND POOL, OR WILDCAT Brandon	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐Shut in ☒

(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 Shut in, uneconomical 5/30/81

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

SIGNED

W. R. Emmett

TITLE Division Operations Manager DATE February 11, 1986

(This space for Federal or State office use)

APPROVED BY

William R. Emmett

TITLE

DIRECTOR

DATE

FEB 21 1986

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.