

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.

RECEIVED

NOV 21 1972

5. LEASE DEPT. NO. 00525706



6. IF IND. 00525706

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Inexco Oil Company**

3. ADDRESS OF OPERATOR  
**308 Lincoln Tower Bldg., Denver, Colorado 80203**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface **1980' FSL, 1980' FEL**  
At proposed prod. zone

5. LEASE DEPT. NO. 00525706

6. IF IND. 00525706

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Harrison**

9. WELL NO.  
**6**

10. FIELD AND POOL, OR WILDCAT  
**Brandon**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**NW SE Section 9  
T-19-S, R-45-W**

12. COUNTY **Kiowa** 13. STATE **Colorado**

14. PERMIT NO. **72-912** 15. ELEVATIONS (Show whether DF, RT, GR, etc.) **3887 GR, 3896 KB**

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 11/16/72

Plugged with 20 sx cement at 200', 10 sx at surface.

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"/>

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

SIGNED Bradley D. Bilyeu TITLE District Engineer DATE 11/20/72

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE NOV 22 1972

CONDITIONS OF APPROVAL, IF ANY: