

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
DEC 13 1985



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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. C01-280A, B&C	
2. NAME OF OPERATOR Inexco Oil Company		7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 500 Denver, CO 82095		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NeSe Sec 9 T19S-R45W 1980 FSL & 660 FEL At proposed prod. zone		8. FARM OR LEASE NAME Harrison	
14. PERMIT NO. 65339		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3914' GR 3924' KB		10. FIELD AND POOL, OR WILDCAT Brandon	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NeSe Sec 9 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:		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) _____	
(Other) Shut-In <input checked="" type="checkbox"/>	XX <input checked="" 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 _____

Shut-In 7/21/82. Pumping 100% water. Lease held by production from other well.

WRS
FJP
HWM
JAM
RCC
LAR
CGM
ED

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

SIGNED WR 6 TITLE Division Operations Manager DATE 12/5/85
W. R. Emmett

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE DEC 17 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: