

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.



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RECEIVED

FEB 18 1986

COLO. OIL & GAS CONS. COMM.

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Inexco Oil Company</p> <p>3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 500, Denver, CO 80295</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWSW Section 4 (605 FSL & 665 FWL) At proposed prod. zone</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME N.W.B.U.</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. #7</p> <p>10. FIELD AND POOL, OR WILDCAT Brandon</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4-T19S-R45W</p> <p>12. COUNTY Kiowa</p> <p>13. STATE Colorado</p>
<p>14. PERMIT NO. 68-280</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3882 GR 3891 KB</p>

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 2/17/78

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 Smith

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

FEB 21 1986

CONDITIONS OF APPROVAL, IF ANY:

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