

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.

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.)

5. LEASE DESIGNATION AND SERIAL NO. RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME FEB 18 1986

7. UNIT AGREEMENT NAME COLO. OIL & GAS CONS. COMM.

N.W.B.U.

8. FARM OR LEASE NAME

9. WELL NO.

#7

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Inexco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 500, Denver, CO 80295

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

14. PERMIT NO.
68-280

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3882 GR 3891 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In</u>	<input checked="" 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 _____

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 DATE FEB 21 1986
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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