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REV. 7-64

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>OIL & GAS Comm. well</u>
2. NAME OF OPERATOR <u>Inexco Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>308 Lincoln Tower Bldg., Denver, Colorado 80203</u>		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 <u>At proposed prod. zone</u>		8. FARM OR LEASE NAME <u>NWBU</u>
14. PERMIT NO. <u>68-386</u>		9. WELL NO. <u>#5-I</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3870 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Brandon</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>NE SE Section 5 T-19-S, R-45-W</u>
		12. COUNTY <u>Kiowa</u>
		13. STATE <u>Colo.</u>

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>convert to water injection</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 10/1/72

Picked up tbg. csg scraper & cleaned out to 4740'. POH. Ran Guiberson "shorty" pkr and set at 4500'. Howco acidized w/1000 gal 15% HCLNE, 5 BPM at 650 psi. ISIP - vacuum. Swbd back load. Prep to begin injection.

DVR	
FJP	
HUM	<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 2/13/73

(This space for Federal or State office use) DIRECTOR

APPROVED BY McRogers TITLE DIRECTOR DATE FEB 15 1973

CONDITIONS OF APPROVAL, IF ANY:

Water Log