



RECEIVED

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

SEP 4 1981

File in duplicate for Patented and Federal lands. COLO. OIL & GAS CONS. C.
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 GAS WELL OTHER

2. NAME OF OPERATOR
Inexco Oil Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface NE NE Sec. 16, T19S-R45W
At proposed prod. zone 660' FNL, 660' FEL

5. LEASE DESIGNATION AND SERIAL NO.
6916322-S

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
State

9. WELL NO.
1-16

10. FIELD AND POOL, OR WILDCAT
Brandon 7500

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 16, T19S-R45W

12. COUNTY
Kiowa

13. STATE
Colorado

14. PERMIT NO.
61-474

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3901' GR

MISSP

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) _____	

(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 8/14/81

- Laid down production equipment.
- Spot 35 sacks cement across perfs. Pulled tubing to 3450' press to 300 psi.
- Set 35 sack cement plug 1537'-1830'.
- Cut off surface casing and set 10 sack cement plug.
- Install dry hole marker.
- Restore location.

EXHAUSTED OIL WELL

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JMD	<input checked="" type="checkbox"/>
RLS	
OGM	

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

SIGNED WR E... TITLE Div. Operations Manager DATE 8/28/81

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR O & G Cons. Comm. DATE SEP 4 1981

CONDITIONS OF APPROVAL, IF ANY:

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