



**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED
JUL 19 1982
C.O.D. OIL P.C.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Gasco, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Sherman Street, Denver, Colorado 80203		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 830' NSL & 1862 WEL At proposed prod. zone		8. FARM OR LEASE NAME Blevins
14. PERMIT NO.		9. WELL NO. B-5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8025' KB (8016' GR)		10. FIELD AND POOL, OR WILDCAT Canadian River
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T9N-S78W
		12. COUNTY OR PARISH 13. STATE Jackson Colorado

SWSE

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 checked="" 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) <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 _____

1. Run casing scraper for positive reentry to well
2. Retest casing and packer for positive seal
3. Small acid job to clear sand buildup around perforations and in well bore
4. Small sand frac as recommended by stimulation engineers

DVR
FJP
HHM
JAM
JJD
PLS
CGM

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

SIGNED [Signature] TITLE Vice President DATE July 16, 1982
 (This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE AUG 13 1982
 CONDITIONS OF APPROVAL, IF ANY: