

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

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"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Gasco, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 15277 Lakewood, CO 80215		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 1520' SNL & 200' EWL SWNW At proposed prod. zone		8. FARM OR LEASE NAME Blevins	
14. PERMIT NO.		9. WELL NO. A-4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8022' GR		10. FIELD AND POOL, OR WILDCAT Canadian River	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T9N-R78W	
		12. COUNTY Jackson	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporarily Abandon <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

The Blevins A-4 is Temporarily Abandoned.

RECEIVED
OCT - 2 1987
COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE ONLY
EF <input checked="" type="checkbox"/>
FE <input checked="" type="checkbox"/>
UC <input type="checkbox"/>
SE <input type="checkbox"/>

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

SIGNED Mog Beckman TITLE Production Tech. DATE 10-1-87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 06 1987

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**