

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
COLO. OIL & GAS COM.



00271893

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Gasco, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1600 Sherman Street, Denver, Colorado 0203</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>2340' NSL & 1520' WEL</u> ? At proposed prod. zone <u>NWNESW</u>		8. FARM OR LEASE NAME <u>Blevins</u>	
14. PERMIT NO.		9. WELL NO. <u>A-5</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>8028 G.L.</u>		10. FIELD AND POOL, OR WILDCAT <u>Canadian River</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 11-T.9N-R178W</u>	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT <input type="checkbox"/>
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. I hereby certify that the foregoing is true and correct			

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.

DMR	
DMP	
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JMD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED D. L. Parsons TITLE Vice President DATE 7/16/82

(This space for Federal or State office use)

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

DATE JUL 29 1982