

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.

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

11-9N-78W

12. COUNTY

Jackson

13. STATE

Co

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Gasco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 15277, Lakewood, CO 80215

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

2340 FSL 1520 FWL
At proposed prod. zone

14. PERMIT NO.

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

8028 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL.

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

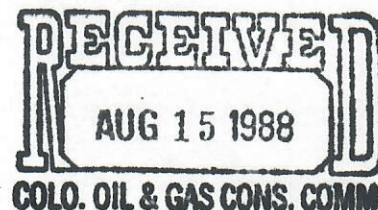
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

Well back on production 6/88.



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

SIGNED

Mag Beckman

TITLE Production Tech.

DATE 8-11-88

(This space for Federal or State office use)

APPROVED BY

William R. Smith

TITLE

DIRECTOR

DATE AUG 18 1988

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm