



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
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Blevins
9. WELL NO. A-5
10. FIELD AND POOL, OR WILDCAT Canadian River
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-9N-78W
12. COUNTY Jackson
13. STATE Co

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
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

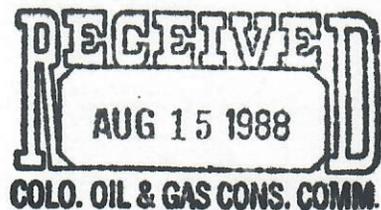
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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"/>	<input checked="" 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.

Well back on production 6/88.



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