

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



00285405

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

RECEIVED

AUG 8 1978

COLO. OIL &amp; GAS CONS. COMM.

**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 AND SERIAL NO.
2. NAME OF OPERATOR Gasco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Sherman Street Denver, Colo.		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 At proposed prod. zone 11 miles north east of Walden, Colo. Lakota 1965'-2020'		8. FARM OR LEASE NAME Blevins
14. PERMIT NO.		9. WELL NO. A-8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 8024		10. FIELD AND POOL, OR WILDCAT Canadian River
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-9n-78w 850' s/n 410' w/e
		12. COUNTY Jackson
		13. STATE Colo.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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 8-10-78

- Squeeze perfs @ 2015'-2020' with 20 sacks of cement for water shut off.
- Reperforate 1965' to 1985', acidize with 1000 gals. of 15% acid.  
Swab back acid water, put back on pump for 30 day test.

DVR
FJP
HMM
JAM
JJD
RLS
CGM

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

SIGNED JK PattersonTITLE AgentDATE 8-1-78

(This space for Federal or State office use)

APPROVED BY ALL Rogers  
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR  
D & G COUN. COM. L.DATE AUG 9 1978

file