

RECEIVED

AUG 8 1978

OGCC FORM 4

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

COLO. OIL & GAS CONS. COMM.



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 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.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 8024	9. WELL NO. A-8																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Canadian River																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input checked="" type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input checked="" type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input checked="" 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 checked="" 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"/>		11. SEC., T., E., M., OR BLK. AND SUBVEY OR AREA 10-9n-78w 850' s/n 410' w/e
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		12. COUNTY Jackson																				
		13. STATE Colo.																				

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	
HJM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED JH Patterson TITLE Agent DATE 8-1-78

(This space for Federal or State office use)

APPROVED BY Bill Rogers TITLE DIRECTOR DATE AUG 9 1978
B & G CANS. COM. L.

CONDITIONS OF APPROVAL, IF ANY:

file