

OIL AND GAS CONSERVATION COMMISSION RECEIVED

DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

AUG 13 1979

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

COLD OIL & GAS CONS.



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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Gasco, Inc.</p> <p>3. ADDRESS OF OPERATOR</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface</p> <p>At proposed prod. zone Lakota 1965-2020</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 8024</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. COMM.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Blevins</p> <p>9. WELL NO. A-8</p> <p>10. FIELD AND POOL, OR WILDCAT Canadian River</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-9N 78W 850S/N 410 W/E</p> <p>12. COUNTY Jackson</p> <p>13. STATE Colorado</p>
--	--

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <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**

Squeezed Perfs @ 2015-200W/ 20 Sk. Reg. Cement.
Reperforate 1965-1985, Acidized w/ 1000 Gal. acid, swab back acid water.
Put on pump for 30 days, well made 5 bbls. oil, 90 bbls water. Squeezed perfs 1965-1985 w/ 20 sks. cement. Well temporarily abandoned 9-20-78.

DVR	<input checked="" type="checkbox"/>
F3P	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED *Kenneth K. Patterson* TITLE Vice-Pres.

DATE 8-10-79

(This space for Federal or State office use)

APPROVED BY *W. Rogers*
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
U. S. & STATE OFFICE

DATE AUG 16 1979

file