

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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



00265400

RECEIVED
JUL 19 1982

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"/> 2. NAME OF OPERATOR <u>Gasco, Inc.</u> 3. ADDRESS OF OPERATOR <u>1600 Sherman Street, Denver, Colorado 80203</u> 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>850' SNL & 410' WEL</u> <u>NE NE</u> At proposed prod. zone		5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME <u>Blevins</u> 9. WELL NO. <u>A-8</u> 10. FIELD AND POOL, OR WILDCAT <u>Canadian River</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 10-T9N-R78W</u> 12. COUNTY OR PARISH <u>Jackson</u> 13. STATE <u>Colorado</u>
14. PERMIT NO. 	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>8024 GR</u>	

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

NOTICE OF INTENTION TO:

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

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

1. Run casing scraper for positive reentry to well
2. Retest casing and packer for positive seal
3. Small acid job to clear sand buildup around perforations and in well bore
4. Small sand frac as recommended by stimulation engineers

DNR	
FJP	
HHM	✓
JAM	✓
JJD	✓
RLS	
GEM	

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

SIGNED D. L. Parsons

TITLE Vice President

DATE July 16, 1982

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE DIRECTOR
O & G Cons. Comm

DATE JUL 29 1982

CONDITIONS OF APPROVAL, IF ANY: