

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

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



00265401

SEP - 7 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12. COUNTY OR PARISH 13. STATE	
2. NAME OF OPERATOR Gasco, Inc.		Blevins	
3. ADDRESS OF OPERATOR 1600 Sherman St., Denver, CO 80203		A-8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 850' SNL and 410' WEL At proposed prod. zone Same		Canadian River	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8024' GR	
16.		Sec. 10-T9N-R78W	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		Jackson Colorado	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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 7/14/82 - 7/17/82

See attached

DVR	
FJP	
HJM	
JAM	✓
JJD	
RLS	
CGM	

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

SIGNED

Orville M. Shockley

TITLE

President

DATE

9/3/82

(This space for Federal or State office use)

DIRECTOR

O & G Cons. Comm

APPROVED BY

TITLE

DATE

SEP 13 1982

CONDITIONS OF APPROVAL, IF ANY: