

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.)		5. LEASE DESIGNATION AND SERIAL NO.
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Gasco, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 1600 Sherman St., Denver, CO 80203		8. FARM OR LEASE NAME Blevins
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		9. WELL NO. A-8
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Canadian River
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8024' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T9N-R78W
		12. COUNTY OR PARISH Jackson
		13. STATE Colorado

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) _____	

(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)

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 13 1982

CONDITIONS OF APPROVAL, IF ANY: