

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



**RECEIVED**  
MAR 20 1987

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

LEASE DESIGNATION & SERIAL NO. \_\_\_\_\_  
Fee \_\_\_\_\_  
INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

**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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Inexco Oil Company		8. FARM OR LEASE NAME Dawson	
3. ADDRESS OF OPERATOR 1560 Broadway, Suite 1200, Denver, Colorado 80202		9. WELL NO. #6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL Sec. 8-T19S-R45W At proposed prod. zone As Above		10. FIELD AND POOL, OR WILDCAT Brandon	
14. PERMIT NO. 71-318		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3873' GR	13. STATE Colorado
		12. COUNTY Kiowa	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWNE Sec. 8-T19S-R45W

16. 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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input 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.)

18. Date of work \_\_\_\_\_ \* Must be accompanied by a cement verification report.

The above referenced well is currently shut-in pending an improvement in the petroleum market.

FOR OFFICE USE ONLY  
ET  
FE  
UC  
SSE

19. I hereby certify that the foregoing is true and correct  
SIGNED Rick L. Kirby TITLE Sr. Petroleum Engineer DATE 03/18/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE MAR 24 1987

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.**