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OGCC FORM 4
REV. 7-64

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

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

COLO. OIL & GAS CONS. COMM.

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"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Inexco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 308 Lincoln Tower Building, Denver, CO 80295		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE NE Section 9 At proposed prod. zone T19S, R45W		8. FARM OR LEASE NAME Harrison	
14. PERMIT NO. 66310		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3910' KB 3902' GL		10. FIELD AND POOL, OR WILDCAT Brandon Field	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE Section 9 T19S, R45W	
		12. COUNTY Kiowa	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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 January 7 - February 3, 1978

MI and RU pulling unit. Locate casing leak from 1300' to 2050'. Squeezed leak with 100 sx. Type 'H' cement with 3% Calcium Chloride; drilled out cement. Placed 60 sx. behind casing. Perforated Spergen and Warsaw Frm. from 4678'-82'; 4694'-96'; 4704-08'; 4714'-18'; 4723'-27'; 4731-36'; with 2 JSPF. RIH with packer, set packer at 4645'; acidized 4678'-4736' with 7,000 gallons of MOD-202 MY-T-Acid at 10 BPM. ISIP - Vac.; ATP - 700 psi. TOOH with tubing and packer. TIH with RBP and packer. Set RBP at 4650' and packer at 4518'. Acidized perfs 4559'-4627' with 5,000 gallons of MOD-202 MY-T-Acid at 10 BPM. ISIP - Vac.; ATP - 600 psi. Swabbed; POOH with tubing, packer and RBP; put on pump. On February 2, 1978, moved in rig; set RBP at 4650' for evaluation of upper perfs. Put well on production.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

Production Before Workover - 12 BOPD 286 BWPD
 Production After Workover - 6 BOPD 580 BWPD

18. I hereby certify that the foregoing is true and correct
 SIGNED WR Emmett TITLE Division Production Manager DATE 2/13/78
 (This space for Federal or State office use)

APPROVED BY W. R. Emmett TITLE DIRECTOR DATE FEB 17 1978
 CONDITIONS OF APPROVAL, IF ANY:

file