

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.

RECEIVED
DEC 13 1985



COLORADO OIL & GAS CONSERVATION COMMISSION

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 WELL NO. C01- 280A, B & C | |
| 2. NAME OF OPERATOR Inexco Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 500 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 1980 FNL & 1980 FEL At proposed prod. zone SwNe Sec 9 T19S-R45W Same | | 8. FARM OR LEASE NAME Harrison | |
| 14. PERMIT NO. 67-243 | | 9. WELL NO. 3 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3889' GR 3898' KB | | 10. FIELD AND POOL, OR WILDCAT Brandon | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SwNe Sec 9 T19S-R45W | |
| | | 12. COUNTY Kiowa | 13. STATE Colorado |

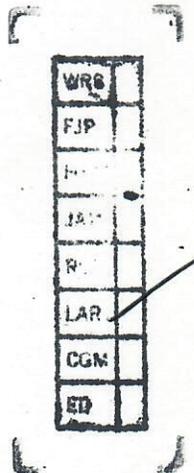
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| | | | |
|--|---|---|--|
| 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 type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) _____ | |
| (Other) _____ | Shut In <input checked="" 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 _____

Well was Shut-In - Uneconomic 6/1/85. Lease HBP



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

SIGNED WRE TITLE Division Operations Manager DATE 12/10/85
W. R. Emmett

(This space for Federal or State office use)

APPROVED BY William Emmett TITLE DIRECTOR DATE DEC 17 1985
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: