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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.

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DEC 26 1974

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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 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, Colorado 80203		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 SE Section 9-Township 19 South-Range 45 West At proposed prod. zone 1980' FSL, 660' FEL		8. FARM OR LEASE NAME Harrison
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3914' GR		10. FIELD AND POOL, OR WILDCAT Brandon
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 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:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" 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"/>		<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 _____

Moved in and rigged up pulling unit. Pulled out of hole with rods and tubing. Ran in hole with Baker retrievable bridge plug and set at 4472'. Checked for hole in casing with Model "R" packer and found bad spot at 1040'. Squeezed with 150 sx cement with 3% calcium chloride and 1/4# floreal. Pressured up and tested squeeze to 1000#, held ok. Drilled out cement and reversed hole clean. Ran 143 jts tubing with a Baker anchor catcher. Set at 4455'. Ran pump and rods. Put on pump.

Rate before workover - 0 BO, 343 BW
 Rate after workover - 20 BO, 237 BW

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

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

SIGNED W. R. Emmett TITLE Area Production Supt. DATE 12/23/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 30 1974

CONDITIONS OF APPROVAL, IF ANY:

file