

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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RECEIVED

SEP 28 1972

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. OIL & GAS CON. COMM. | |
| 2. NAME OF OPERATOR Inexco Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 308 Lincoln Tower Bldg., 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 660 FEL & 1965 FSL At proposed prod. zone | | 8. FARM OR LEASE NAME Spring Wear Dawson | |
| 14. PERMIT NO. 68-386 | | 9. WELL NO. #1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3870 GR | | 10. FIELD AND POOL, OR WILDCAT Brandon | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE Section 5 T-19-S, R-45-W | |
| | | 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 checked="" type="checkbox"/> Change Well Name | <input checked="" 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.)

Date of work _____

Inexco desires to change well name as follows:

From: Spring Wear Dawson #1

To: N.W.B.U. #5-I

| | |
|-----|-------------------------------------|
| DVR | <input type="checkbox"/> |
| FJP | <input checked="" type="checkbox"/> |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED Bradley D. Bilyeu
(This space for Federal or State office use)

TITLE District Engineer

DATE 9/27/72

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G CON. COMM.

DATE OCT 13 1972