

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

RECEIVED

JUL 28 1972



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

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Disposal Well		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 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 1980 FSL At proposed prod. zone		8. FARM OR LEASE NAME Flowers Disposal Well	
14. PERMIT NO. 70-295		9. WELL NO. Golden Spike Salt Water Disposal Well	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4351' GL, 4360' KB		10. FIELD AND POOL, OR WILDCAT Golden Spike	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C NE SE Sec. 12 T-16-S, R-45-W	
		12. COUNTY Cheyenne	
		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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Change of Well Name <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 7/27/72

Inexco desires to change well name as follows:

From: Flowers Disposal Well

To: Golden Spike Salt Water Disposal Well

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHW	<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 TITLE District Engineer DATE 7/27/72

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE AUG 4 1972

CONDITIONS OF APPROVAL, IF ANY:

Change well name