

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 GAS WELL OTHER Disposal Well

2. NAME OF OPERATOR
INEXCO OIL COMPANY

3. ADDRESS OF OPERATOR
308 Lincoln Tower Bldg., Denver, Colorado 80203

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
~~Flowers Disposal Well~~

9. WELL NO.
Golden Spike Salt Water Disposal Well

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

14. PERMIT NO.
70-295

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4351' GL, 4360' KB

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) <u>Change of Well Name</u>	<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) _____	

(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 _____ DATE AUG 4 1972

CONDITIONS OF APPROVAL, IF ANY:

Change well name