

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

JUL 25 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"/>		2. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Inexco Oil Company		3. 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.	
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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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 6/23/72

Howco acidized with 3000 gals 20% FE acid and 10 RCNB's. No breakdown and no ball action.

ATP - 1500 psi
ATR - 8 B/M
ISIP- 200 psi
5 min. SIP - Vac

Capacity before acid (after tubing installation)- 3000 BWPB at 600 psi.
Capacity after acid treatment - 3000 BWPB at 225 psi.

DVR	<input checked="" 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

TITLE District Engineer

DATE 7/24/72

(This space for Federal or State office use)

APPROVED BY M. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
OF NATURAL RESOURCES

DATE

JUL 25 1972

file