

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



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

AUG 14 1987

LEASE DESIGNATION & SERIAL NO.

00 1299900

INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER SWD Well		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Inexco Oil Company		8. FARM OR LEASE NAME Flowers	
3. ADDRESS OF OPERATOR 1560 Broadway, Suite 1200, Denver, Colorado 80202		9. WELL NO. #2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE Section 12, T16S-R45W At proposed prod. zone 660' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Golden Spike	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T16S-R45W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4332' GL	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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)

18. Date of work July 23, 1987

* Must be accompanied by a cement verification report.

A 4" riser has been removed and the hole was backfilled. This location is ready for final P&A inspection.

FOR OFFICE USE ONLY

FT

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UC

ED

SE

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

SIGNED

Rick L. Kirby

TITLE Sr. Petroleum Engineer

DATE 08/12/87

(This space for Federal or State office use)

APPROVED BY

CD D. Matter

TITLE

SR. PETROLEUM ENGINEER

O & G Cons. Comm

DATE

AUG 25 87

CONDITIONS OF APPROVAL, IF ANY: