

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



RECEIVED
AUG 14 1987

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

5. LEASE DESIGNATION & SERIAL NO.
00 1299900

6. IF 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.)

| | |
|---|---|
| <p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER SWD Well</p> <p>2. NAME OF OPERATOR Inexco Oil Company</p> <p>3. ADDRESS OF OPERATOR 1560 Broadway, Suite 1200, Denver, Colorado 80202</p> <p>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</p> <p>14. PERMIT NO.</p> | <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Flowers</p> <p>9. WELL NO. #2</p> <p>10. FIELD AND POOL, OR WILDCAT Golden Spike</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T16S-R45W</p> <p>12. COUNTY Cheyenne</p> <p>13. STATE Colorado</p> |
| <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4332' GL</p> | |

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"/> |
| 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) | |

| | |
|--|--|
| 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) | |

(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 |
| FE |
| 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. Mather

TITLE SR. PETROLEUM ENGINEER
O & G Cons. Comm.

DATE AUG 25 87

CONDITIONS OF APPROVAL, IF ANY: