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COLO. OIL & GAS CONS. COMM.

OGCC FORM 4

REV. 7-64

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.

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 <input type="checkbox"/> SWD Well		5. LEASE DESIGNATION AND SERIAL NO. CO 1299900
2. NAME OF OPERATOR Inexco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 308 Lincoln Tower Building, Denver, Colorado 80203		7. UNIT AGREEMENT NAME Flowers
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE Section 12-Township 16 South-Range 45 West At proposed prod. zone 660' FNL, 660' FEL		8. FARM OR LEASE NAME Flowers
14. PERMIT NO. 10-295		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4332' GL		10. FIELD AND POOL, OR WILDCAT Golden Spike
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 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 COMPLETION <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 May 1975

Well was plugged and abandoned as follows:

- Moved in and rigged up casing pulling rig.
- Recovered maximum casing. 5½" casing stuck at 1600' in an attempt to tie back into casing stub.
- Spotted 15 sx cement plugged at cut-off point (100+ fillup in 5½" casing).
- Pulled 5½" up and spotted 10 sx plugged at surface casing shoe at 731'.
- Pulled and layed down remaining 5½" casing. Spotted 5 sx cement plugged at surface.
- Cut off surface pipe below cultivation level, (approximately 4') and welded on cover plate with well name and location.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	✓
GCH	✓
CGM	✓

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

SIGNED W. R. Emmett TITLE Division Prod. Manager DATE 2-9-76

(This space for Federal or State office use)

DIRECTOR

O & G CONS. COMM.

APPROVED BY _____ TITLE _____ DATE MAR 4 1976

CONDITIONS OF APPROVAL, IF ANY:

X