

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

RECEIVED

MAY 06 1986

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

2. NAME OF OPERATOR
GASCO, INC.

3. ADDRESS OF OPERATOR
1600 Sherman Street, Denver, CO 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
995' South & 1658' East of Sec. line (NW/4)
At proposed prod. zone

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8055' RB 8045 GR



5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Blevins "A"

9. WELL NO.
A-1

10. FIELD AND POOL, OR WILDCAT
Canadian River

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-T9N-R78W, 6th PM

12. COUNTY OR PARISH
Jackson

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 COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input checked="" 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 _____

Current status of this well is producing - product sold is Natural Gas.

Handwritten initials/signature

18. I hereby certify that the foregoing is true and correct
SIGNED D. L. Parsons TITLE President DATE 5/5/86

(This space for Federal or State office use)
APPROVED BY William R. Smith TITLE DIRECTOR DATE MAY 20 1986
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

Red star symbol