

OIL AND

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COMMISSION
SOURCES
COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

DEC 22 1977

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"/>		5. LEASE DESIGNATION AND SERIAL NO. Patented	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, CO 80201		7. UNIT AGREEMENT NAME Black Hollow	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone 650' FNL & 660' FWL (NW ¹ / ₄ NW ¹ / ₄)		8. FARM OR LEASE NAME UPRR	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5174		10. FIELD AND POOL, OR WILDCAT Black Hollow-Lyons	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA S31, T8N, R66W, 6th PM	
		12. COUNTY Weld	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(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 December 9, 1977

Well was acidized as per the attached.

3-State
1-WSB
1-DLD
1-Sec 723
1-FileNo additional surface
disturbances required
for this activity.

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"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED

TITLE

J. J. Johnson

Engineering Assistant

DATE

12/19/77

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O & G CONS. COMM.

DATE

DEC 27 1977

CONDITIONS OF APPROVAL, IF ANY:

File