

OGCC
Re



00263468

STATE OF COLORADO
NATURAL RESOURCES
DEPARTMENT OF NATURAL RESOURCES



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

LEASE DESIGNATION & SERIAL NO.
Fee
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS

(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"/>		7. UNIT AGREEMENT NAME Pierce Unit	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		8. FARM OR LEASE NAME Priddy-UPRR	
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, Colorado 80201		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,981' FWL, 638' FSL (SE, SW) At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Pierce	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T8N, R66W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5,054' KB		12. COUNTY Weld	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) _____	

(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.) It is proposed to recomplate subject well in the Upper Lyons per the following procedure:
* Must be accompanied by a cement verification report.

18. Date of work _____
- MIRU. Pull rods and pump. N/D W.H. N/U BOPE and test.
 - Pull production string.
 - Clean out to PBTD with bit and scraper.
 - Log the Lyons interval with GST-CNL-GR and GR-CBL-CCL.
 - Set CICR at ±9,100'. Squeeze perfs 9,156'-96' with ±100 sx cement.
 - Drill out to new PBTD at 9,180'. Run bit and scraper to PBTD.
 - Pending log evaluation, perforate 9,156'-70' at 4 JSPF.
 - Acidize perfs 9,156'-70' with 1,000 gal. glacial acetic acid. Swab back load.
 - RIH with production tubing. Land tubing.
 - N/D BOPE. N/U W.H. Run pump and rods.
 - RDMO. Return well to production.



- 2 - State
- 3 - BLM
- 1 - EEM
- 3 - Drlg.
- 1 - File

19. I hereby certify that the foregoing is true and correct
SIGNED J. Stalson TITLE Office Assistant DATE August 25, 1987

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

matched w/ file 11/13/87