



UNITED STATES  
OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Pierce

8. FARM OR LEASE NAME

Gertrude L. King

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Pierce-Lyons

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22, T8N, R66W

12. COUNTY OR PARISH

Weld

13. STATE

Colorado

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  **Water Injection Well** JUL 7 1966

2. NAME OF OPERATOR  
**Chevron Oil Company, Western Division**

3. ADDRESS OF OPERATOR  
**P. O. Box 220, Casper, Wyoming 82602**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

**1957 S/N, 1974' E/W (SE1/4)**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**5082 KB**

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

NOTICE OF INTENTION TO :

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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF :

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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <b>Converted Water Injector</b>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

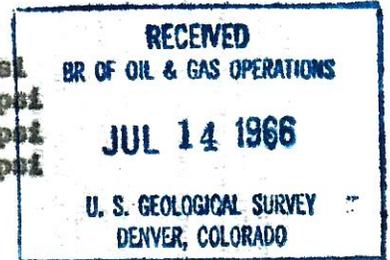
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

The following well work was performed:

1. Drilled out cement 9225-9240 and C I Bridge Plug at 9240, cleaned out to PHTD.
2. Perforated interval 9272-9276 and 9290-9300.
3. Set Packer on Tubing at 9191'.
4. Ran injectivity test as follows - 1/3 BPM at 700 psi  
1 BPM at 1400 psi  
2 BPM at 1900 psi  
3 BPM at 2400 psi

DVR	<input checked="" type="checkbox"/>
WRS	<input type="checkbox"/>
HHM	<input type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	<input type="checkbox"/>

Workover Rig: In 7-1-66 Released 7-11-66



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

SIGNED

*[Signature]*

TITLE

**R. L. Seay**  
**Construction Engineer**

DATE

**July 13, 1966**

(This space for Federal or State office use)

APPROVED BY (Orig. sig.) **E. R. HAYMAKER**  
CONDITIONS OF APPROVAL, IF ANY :

TITLE

**District Engineer**

DATE

*7/15/66*