



UNITED STATES
DEPARTMENT 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. 24, T8N, R66W
6th P.M.

12. COUNTY OR PARISH

Hold

13. STATE

Colorado

1.

OIL WELL ☐ GAS WELL ☐ OTHER

Water Injection

2. NAME OF OPERATOR

Chevron Oil Company
Western Division

3. ADDRESS OF OPERATOR

P. O. Box 220
Casper, Wyoming 82601

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

1957 FT. S of N & 1974 FT. E of W (SE 1/4 NW 1/4)

14. PERMIT NO.

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

5068 Gr. COLO. OIL & GAS CONS. COM. 1966

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.)*

We plan to acidize this well with a 400 gallon Versene treatment as follows:

1. Treat well down tubing with 165 gallons Versene with 235 gallons water, with 2 gallons EzeFlow added to mixture.
2. Displace Versene to 9225 ft.

DVR	<input checked="" type="checkbox"/>
WBS	<input type="checkbox"/>
MHM	<input type="checkbox"/>
JAM	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	<input type="checkbox"/>

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

SIGNED

P. F. Hamilton

TITLE

P. F. Hamilton

Lead Drilling Engineer

DATE

11-22-66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 28 1966
RUDOLPH C. BAUER, JR.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

file