

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

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FOR OFFICE USE ONLY			
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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO. FEE	
2. NAME OF OPERATOR CHEVRON U.S.A. INC. 16700			6. PERMIT NO. N/A	
3. ADDRESS OF OPERATOR 100 CHEVRON ROAD CITY: RANGELY STATE: CO ZIP CODE: 81648			7. API NO. 05-103-06013	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1645' FSL & 1460' FWL At proposed prod. zone AS ABOVE			8. WELL NAME ASSOCIATED B	
			9. WELL NUMBER 3	
			10. FIELD OR WILDCAT RANGELY, COLORADO 72370	
			11. QTR. QTR. SEC. T.R. AND MERIDIAN NE SW SECTION 3, T1N, R102W, 6TH P.M.	
			12. COUNTY RIO BLANCO	

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <i>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</i>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK 08-31-93 THRU 09-09-93

THE ABOVE WELL WAS PLUGGED AND ABANDONED AS FOLLOWS:

1. INSTALLED CASING HEAD, RU COILED TBG UNIT.
2. DRILLED OUT SURFACE CEMENT PLUG.
3. RAN IN HOLE AND TAGGED BOTTOM @ 5796.
4. SET 50 SACK CEMENT PLUG 5796-5556'.
5. DISPLACED 7" CASING WITH 9.3 BRINE 5556-3530'.
6. SET 50 SACK CEMENT PLUG 3530-3290'.
7. DISPLACED 7" CASING WITH 9.3 BRINE 3290-542'.
8. SET 120 SACK CEMENT PLUG 542'-SURFACE.
9. PRESSURE TESTED 13 3/8 X 7" ANNULUS TO 500 PSI/HELD.
10. WELDED ON 13 3/8" DRY HOLE PLATE W/WEEP HOLE.
11. BACK FILLED CELLAR AND CLEANED LOCATION.

RECEIVED
SEP 16 1993
OIL & GAS CONS. COMM.

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

SIGNED G.D. Scott TELEPHONE NO. (303) 675-3700

NAME (PRINT) G.D. SCOTT TITLE DRILLING TECHNICIAN DATE SEPTEMBER 13, 1993

(This space for Federal or State office use)

APPROVED [Signature] Sr. Petroleum Engineer
O & G Conservation Commission

CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 20 1993

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