COGCC FORM 4
Rev. 8/89

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.)

5. FEDERAL/INDIAN OR STATE LEASE NO. **FEE**

1. [ ] OIL WELL [ ] GAS WELL [ ] COALBED METHANE [X] INJECTION WELL [ ] OTHER

6. PERMIT NO. **N/A**

2. NAME OF OPERATOR **CHEVRON U.S.A. INC. 16700**

7. API NO. **05-103-06013**

3. ADDRESS OF OPERATOR **100 CHEVRON ROAD**

8. WELL NAME **ASSOCIATED**

CITY **RANGELY** STATE **CO** ZIP CODE **81648**

9. WELL NUMBER **B 3**

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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

10. FIELD OR WILDCAT **RANGELY, COLORADO 72370**

12. COUNTY **RIO BLANCO**

11. QTR. QTR. SEC. T. R. AND MERIDIAN **NE SW SEC. 3, T1N, R102W,6TH P.M.**

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

13A. **NOTICE OF INTENTION TO:**
- [ ] PLUG AND ABANDON
- [ ] MULTIPLE COMPLETION
- [ ] COMMINGLE ZONES
- [ ] FRACTURE TREAT
- [ ] REPAIR WELL
- [ ] OTHER _____

13B. **SUBSEQUENT REPORT OF:**
- [ ] FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- [ ] ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- [ ] REPAIRED WELL
- [X] OTHER **SITE RECLAIMATION**

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completion and Recompletion

13C. **NOTIFICATION OF:**
- [ ] SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY SIX MONTHS)
- [ ] PRODUCTION RESUMED (DATE _____)
- [ ] LOCATION CHANGE (SUBMIT NEW PLAT)
- [ ] WELL NAME CHANGE
- [ ] OTHER _____

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 **MARCH - APRIL 1994**

RECLAIMATION HAS BEEN COMPLETED FOR THE ABOVE WELL.

RECEIVED
JUN 06 1994
COLO. OIL & GAS CONS. COMM.

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

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

NAME (PRINT) **GARY D. SCOTT** TITLE **DRILLING TECHNICIAN** DATE **June 1, 1994**

(This space for Federal or State office use)

APPROVED J Adkins TITLE Prof. Eng II DATE 7/29/94

CONDITIONS OF APPROVAL, IF ANY:

00039124