

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

SUBMIT ORIGINAL AND 1 COPY

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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		7. API NO. 05-103-05398
CITY STATE ZIP CODE RANGELY CO 81648		8. WELL NAME F.V. LARSON
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 14 below.) At surface 1600' FSL & 1247' FEL At proposed prod. zone AS ABOVE		9. WELL NUMBER C 1
12. COUNTY RIO BLANCO		10. FIELD OR WILDCAT RANGELY, COLORADO 72370
		11. QTR. QTR. SEC. T. R. AND MERIDIAN NE SE SEC. 2, T1N, R102W, 6TH P.M.

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input checked="" type="checkbox"/> OTHER <u>SITE RECLAMATION</u> *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completion and Recompletion</p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY SIX MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
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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 MARCH - APRIL 1994

RECLAMATION HAS BEEN COMPLETED FOR THE ABOVE WELL.

RECEIVED
JUN 06 1994
COUNTY OIL & GAS ENGINEERING

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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____