

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

RECEIVED
MAR 2 4 1983



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION & SERIAL NO.

FEE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME
Rangelu Weber Sand Unit

2. NAME OF OPERATOR
Chevron U.S.A. Inc.

8. FARM OR LEASE NAME
M.E. Hefley

3. ADDRESS OF OPERATOR
695 Chevron Road, Rangelu, CO 81648

9. WELL NO.
3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1080' FNL, 2740' FWL OF SEC. 2
At proposed prod. zone

10. FIELD AND POOL, OR WILDCAT
Rangelu

11. SEC., T., R., M., QR BLK. AND SURVEY OR AREA
SEC. 2
T1N, R102W, 6th Pm

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
RDB-5216

12. COUNTY
Rio Blanco Colo.

13. STATE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL.
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON
CHANGE PLANS.

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Status of Well
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Subject well was placed on injection 11-63
and is still an active water injection well.

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

SIGNED Roy Chambers, Jr.

TITLE Unit Supt.

DATE 3-23-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

API-05-103-5454