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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. <input 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.
2. NAME OF OPERATOR <b>CHEVRON U.S.A. INC. 16700</b>			FEE
3. ADDRESS OF OPERATOR <b>100 CHEVRON ROAD</b>			6. PERMIT NO.  N/A
CITY <b>RANGELY</b>	STATE <b>CO</b>	ZIP CODE <b>81648</b>	7. API NO. <b>05-103-05454</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 14 below.) At surface <b>1086' FNL &amp; 2740' FWL</b> At proposed prod. zone <b>AS ABOVE</b>			8. WELL NAME <b>M.E. HEFLEY</b>
			9. WELL NUMBER <b>3</b>
			10. FIELD OR WILDCAT <b>RANGELY, COLORADO 72370</b>
12. COUNTY <b>RIO BLANCO</b>			11. QTR. QTR. SEC. T. R. AND MERIDIAN <b>NW NE SEC. 2, T1N, R102W, 6TH P.M.</b>

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 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 _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completion and Recompletion</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>1/1/94</u> ) (REQUIRED EVERY SIX 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 SIX MONTH STATUS REPORT

THE ABOVE WELL REMAINED SHUT-IN FOR SIX MONTHS OR LONGER AS OF DECEMBER 31, 1994.  
WILL LEAVE SHUT-IN TO MONITOR OFFSET PRODUCTION.

16. I hereby certify that the foregoing is true and correct.  
SIGNED G. D. Scott TELEPHONE NO. (303) 675-3700  
NAME (PRINT) GARY D. SCOTT TITLE DRILLING TECHNICIAN DATE February 7, 1995

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 17 1995  
CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**