



00240335

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 GAS WELL COALBED METHANE INJECTION WELL OTHER

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

3. ADDRESS OF OPERATOR
100 CHEVRON ROAD

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

4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 14 below.)
At surface **1086' FNL & 2740' FWL**
At proposed prod. zone **AS ABOVE**



5. FEDERAL/INDIAN OR STATE LEASE NO.
FEE

6. PERMIT NO.
N/A

7. API NO.
05-103-05454

8. WELL NAME
M.E. HEFLEY

9. WELL NUMBER
3

10. FIELD OR WILDCAT
RANGELY, COLORADO 72370

12. COUNTY
RIO BLANCO

11. QTR. QTR. SEC. T. R. AND MERIDIAN
NW NE SEC. 2, 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
 OTHER _____
*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 1/1/94) (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 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 Gary 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