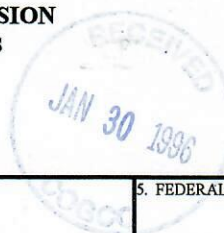




00240332

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
ED	FE	UC	SE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. 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. 05-103-05454
CITY RANGELY STATE CO ZIP CODE 81648		8. WELL NAME M.E. HEFLEY
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		9. WELL NUMBER 3
12. COUNTY RIO BLANCO		10. FIELD OR WILDCAT RANGELY, COLORADO 72370
		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: <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 *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completion and Recompletion	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE 1/12/94) (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 TWELVE MONTH STATUS REPORT

THE ABOVE WELL REMAINED SHUT-IN FOR SIX MONTHS OR LONGER AS OF DECEMBER 31, 1995.

WILL LEAVE SHUT-IN TO MONITOR OFFSET PRODUCTION.

STATUS REPORT REQUIRED
EVERY 2 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.

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

SIGNED

TELEPHONE NO.

(970) 675-3700

NAME (PRINT)

GARY D. SCOTT

TITLE

DRILLING TECHNICIAN

DATE

January 29, 1996

(This space for Federal or State office use)

APPROVED

TITLE

REP7

DATE

2-13-96

CONDITIONS OF APPROVAL, IF ANY: