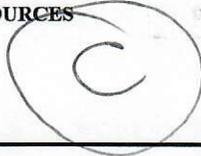




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STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



103-01403

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.  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. 05-103-01043
CITY STATE ZIP CODE RANGELY CO 81648			8. WELL NAME GENTRY
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 14 below.) At surface 1586' FSL & 1865' FEL At proposed prod. zone AS ABOVE			9. WELL NUMBER 4 D
12. COUNTY RIO BLANCO			10. FIELD OR WILDCAT RANGELY, COLORADO 72370
			11. QTR. QTR. SEC. T. R. AND MERIDIAN NW SE SEC. 3, 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 checked="" type="checkbox"/> OTHER <u>SITE RECLAMATION</u> <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completion and Recompletion</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (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 MARCH 1994

RECLAMATION HAS BEEN COMPLETED FOR THE ABOVE WELL

RECEIVED  
JUN 06 1994  
STATE OIL & GAS CONSERVATION COMMISSION



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 [Signature] TITLE Prof. Eng I DATE 7/29/94

CONDITIONS OF APPROVAL, IF ANY: