

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

SUBMIT ORIGINAL AND 1 COPY



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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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL COALBED <input type="checkbox"/> METHANE <input type="checkbox"/> INJECTION <input type="checkbox"/> WELL OTHER <input type="checkbox"/>			6. PERMIT NO. N/A	
2. NAME OF OPERATOR CHEVRON U.S.A. INC. 16700			7. API NO. 05-103-06085	
3. ADDRESS OF OPERATOR 100 CHEVRON ROAD			8. WELL NAME GENTRY	
CITY RANGELY	STATE CO	ZIP CODE 81648	9. WELL NUMBER 3D	
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 14 below.) At surface 2240' FSL & 1210' FEL At proposed prod. zone AS ABOVE			10. FIELD OR WILDCAT RANGELY, COLORADO 72370	
12. COUNTY RIO BLANCO			11. QTR. QTR. SEC. T. R. AND MERIDIAN NE 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 checked="" 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 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 _____
1. MIRU, NU and test BOPE.
 2. POOH with production equipment.
 3. Clean out to top of fill.
 4. Set a cement retainer @ 5800' and cement squeeze with approximately 150 sacks of neat cement. Set a 50 sack cement plug above the retainer.
 5. Displace 7" casing with 9.2 ppg Brine ~5560-3490'.
 6. Perforate @ 3352', set CICR @ 3300' and cement squeeze 50 sacks cement below retainer and dump 25 sacks cement on top.
 7. Displace 7" casing with 9.2 ppg Brine ~3250-480'.
 8. Set 100 sack cement plug 480'-surface.
 9. Pressure test 13 3/8", 9 5/8" and 7" annulus to 500 psi (if annulus doesn't test, cement squeeze).
 10. Nipple down casing head and cut casing at cellar floor.
 11. Install a dry hole marker.
 12. Rig down, clean location, notify facilities to reclaim location.

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

SIGNED

Gary D. Scott

TELEPHONE NO.

(970) 675-3700

NAME (PRINT)

GARY D. SCOTT

TITLE

DRILLING TECHNICIAN

DATE

August 29, 1995

(This space for Federal or State office use)

APPROVED

(Signature)

TITLE

NW Area Eng

DATE

9/27/95

CONDITIONS OF APPROVAL, IF ANY:

1. 24 Hour notice required for COGCC to witness.
2. Subsequent report required.