

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

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

JUL - 2 1993

COLO. OIL & GAS CON. COMM.



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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO. <b>FEE</b>
2. NAME OF OPERATOR <b>CHEVRON U.S.A. INC. 16700</b>			6. PERMIT NO. <b>N/A</b>
3. ADDRESS OF OPERATOR <b>100 CHEVRON ROAD</b>			7. API NO. <b>05-103-06085</b>
CITY <b>RANGELY</b>	STATE <b>CO</b>	ZIP CODE <b>81648</b>	8. WELL NAME <b>GENTRY</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>2240' FSL &amp; 1210' FEL</b> At proposed prod. zone <b>AS ABOVE</b>			9. WELL NUMBER <b>3D</b>
12. COUNTY <b>RIO BLANCO</b>			10. FIELD OR WILDCAT <b>RANGELY, COLORADO 72370</b>
			11. QTR. QTR. SEC. T.R. AND MERIDIAN <b>NE SE SECTION 3, T1N, R102W, 6TH P.M.</b>

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/Commingle Completions and Recompletions*

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE **3-28-85**) (REQUIRED EVERY 6 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 UPDATE**

**THIS WELL REMAINED TEMPORARILY ABANDONED FROM JANUARY 1, 1993 THRU JUNE 30, 1993.**

**WILL RETURN TO PRODUCTION IF ECONOMICS CHANGE.**

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

SIGNED

*G.D. Scott*

TELEPHONE NO. **(303) 675-3700**

NAME (PRINT) **G.D. SCOTT**

TITLE **DRILLING TECHNICIAN**

DATE **JULY 1, 1993**

(This space for Federal or State office use)

APPROVED

*[Signature]*

TITLE

*ET*

DATE

*7/16/93*

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.**