

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. <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. 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. 05-103-06085
CITY RANGELY	STATE CO	ZIP CODE 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 2240' FSL & 1210' FEL At proposed prod. zone AS ABOVE			9. WELL NUMBER 3D
			10. FIELD OR WILDCAT RANGELY, COLORADO 72370
12. COUNTY RIO BLANCO			11. QTR. QTR. SEC. T. R. AND MERIDIAN NE SE SECTION 3, T1N, R102W, 6TH P.M.

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completion and Recompletion</small>	13C. <input checked="" type="checkbox"/> NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>3-28-85</u>) (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 SIX MONTH STATUS REPORT

THE ABOVE WELL REMAINED TEMPORARILY ABANDONED FOR THE SIX MONTH PERIOD FROM JULY 1, 1993 THRU DECEMBER 31, 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) GARY D. SCOTT TITLE DRILLING TECHNICIAN DATE JANUARY 21, 1994

(This space for Federal or State office use)

APPROVED _____ TITLE APPROVED DATE _____

CONDITIONS OF APPROVAL, IF ANY:

