

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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| ET | FE | UC | SE |

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.)

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| 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 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 2240' FSL & 1210' FEL (NE SE) SECTION 3, T1N, R102W At proposed prod. zone AS ABOVE | | 9. WELL NUMBER 3 D |
| 12. COUNTY Rio Blanco | | 10. FIELD OR WILDCAT Rangely, Colorado 72370 |
| | | 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

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| 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>SIX MONTH STATUS UPDATE</u> <small>Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small> | 13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE <u>3-28-85</u>) (REQUIRED EVERY 6 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 _____

THE ABOVE WELL WILL REMAIN ON THE SIX MONTH STATUS REPORT FROM 7-1-92 THRU 12-31-92.

THIS WELL WILL REMAIN IN THIS CATEGORY UNTIL SUCH TIME AS IT MAY BECOME ECONOMICAL, CONVERTED TO INJECTION, USED FOR CO2 EXPANSION, OR PLUGGED AND ABANDONED.

RECEIVED

FEB 1 1993

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

16. I hereby certify that the information furnished on this form is true and correct and that I am a duly qualified person to give this information.

SIGNED G.D. Scott TELEPHONE NO. (303) 675-3700

NAME (PRINT) G.D. SCOTT TITLE DRILLING TECHNICIAN DATE 1-29-93

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 3-22-93

CONDITIONS OF APPROVAL, IF ANY: