

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C21464	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, CO 80201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2640' FSL 660' FEL (NE SE)		8. FARM OR LEASE NAME Chevron-Federal	
14. PERMIT NO. 05-107-6129		9. WELL NO. 1-19	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 9304' GR		10. FIELD AND POOL, OR WILDCAT Egeria Creek-Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, T1N, R85W	
		12. COUNTY OR PARISH Routt	
		13. STATE Colorado	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Rehabilitate Site	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)*

The well site and approximately 50' of access road adjacent to the site have been rehabilitated and reseeded.

A cash settlement in lieu of rehabilitation was made with Mr. Shalvus for the access road that exists on his property. The site may be inspected at your convenience.

- 3 - BLM
- 2 - STATE
- 1 - BJK
- 1 - CAB
- 3 - GHW
- 2 - LLK



00359071

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

SIGNED *[Signature]*

Associate Environmental
Specialist

DATE 4-21-86

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

Oil & Gas Cons. Comm.

DATE APR 24 1986

*See Instructions on Reverse Side