

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

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CRD4-1453

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

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 & SERIAL NO. FEE	
2. NAME OF OPERATOR Chevron U.S.A. Inc. 16700		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 695 Chevron Road Rangely, CO 81648		7. UNIT AGREEMENT NAME Rangely Weber Sand Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1078' FNL & 45' FWL of Sec. 1. At proposed prod. zone		8. FARM OR LEASE NAME W. H. Coltharp B	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5222		10. FIELD AND POOL, OR WILDCAT Rangely 72390	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1	
		12. COUNTY Rio Blanco	
		13. STATE Colorado	

16. 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) Convert to Water Injection		X	

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) _____ (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.)

18. Date of work April 2, 1984

* Must be accompanied by a cement verification report.

It is proposed to clean out and convert subject well to water injection as per attached procedure.

WRS	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	<input checked="" type="checkbox"/>

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

SIGNED Roy Chambers, Jr. TITLE Unit Superintendent DATE 3-16-84

(This space for Federal or State office use)

APPROVED BY William B. Smith TITLE DIRECTOR DATE APR 5 1984
CONDITIONS OF APPROVAL, IF ANY: