

RECEIVED



OGCC FORM 4
Rev. 1/78

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

MAR 19 1984

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.)		5. LEASE DESIGNATION & SERIAL NO. FEE
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Chevron U.S.A. Inc. 16700		7. UNIT AGREEMENT NAME Rangely Weber Sand Unit
3. ADDRESS OF OPERATOR 695 Chevron Road Rangely, CO 81648		8. FARM OR LEASE NAME W. H. Coltharp B
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		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Rangely 72390
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5222		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(Other) Convert to Water Injection (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
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: _____