

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

RECEIVED
MAR 2 4 1983

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

COLO. OIL & GAS CONS.

LEASE DESIGNATION & SERIAL NO.

COMM D-032678

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection Well</u>		7. UNIT AGREEMENT NAME <u>Rangelu Weber Sand Unit</u>	
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>		8. FARM OR LEASE NAME <u>C.T. Carney</u>	
3. ADDRESS OF OPERATOR <u>695 Chevron Road, Rangelu, CO 81648</u>		9. WELL NO. <u>31X-4</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>122' ENL 1/2 63' FWL of SEC. 4, T1N, R102W, 6th PM</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>Rangelu</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>T1N, R102W, 6th PM.</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>KB-5217</u>		12. COUNTY <u>Rio Blanco Colo.</u>	13. STATE

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 checked="" 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 checked="" type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Status of Well</u> <input checked="" type="checkbox"/>	

(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 _____ * Must be accompanied by a cement verification report.

Subject well was placed on injection 11-74
and is still an active water injection well.



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

SIGNED Roy Chambers, Jr. TITLE Unit Supt. DATE 3-23-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

API-05-103-7604