



00283474

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

DEC 7 1977

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Pierce Unit

8. FARM OR LEASE NAME

UPRR - Priddy

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Pierce

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S23, T8N, R66W, 6th PM

12. COUNTY OR PARISH 13. STATE

Weld

CO

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 599, Denver, CO 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface638' FSL & 1981' FWL (SE $\frac{1}{4}$ SW $\frac{1}{4}$)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

KB 5054'

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Well was acidized as per the attached.

No additional surface
disturbances required
for this activity.3-USGS
2-State
2-Partners
1-WSB
1-DLD
1-Sec 723
1-File

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED

TITLE

J. J. Johnson

Engineering Assistant

DATE 12/5/77

(Leave space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR

G & G CONS. COMM.

DATE

DEC 8 1977

WELL NAME UPRR - Priddy #4
FIELD NAME Pierce

RECEIVED
DEC 7 1977
COLO. OIL & GAS CONS. COMM.

COMPLETED TREATMENT PROCEDURE

1. Size and type of treatment: 1000 gal 15% HCl, 12 gal inhibitor, 2 gal silicate control, 8 gal surfactant and 20# iron sequestering agent.
2. Intervals treated: 9156-9196
3. Treatment down casing or tubing. Tubing
4. Methods used to localize effects: Measured displacement
5. Disposal of treating fluid: Spent acid was swabbed back.
6. Depth to which well was cleaned out:
7. Time spent bailing and cleaning out:
8. Date of work: November 14, 1977
9. Company who performed work: Dowell
10. Production interval: 9156-9196
11. Status and production before treatment:

<u>Date</u>	<u>BOPD</u>	<u>MCFD</u>	<u>BWPD</u>
7/77	27		244
10/77	32		236

12. Status and production after treatment:

<u>Date</u>	<u>BOPD</u>	<u>MCFD</u>	<u>BWPD</u>
11/21/77	22		401
11/22/77	21		388
11/23/77	9		378
11/24/77	7		377
11/25/77	11		370
11/26/77	36		378