

COLO STATE

Form 9-331
(May 1963)

UNITED STATES
OF THE INTERIOR
ICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.



00263322

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"/> Water Disposal		7. UNIT AGREEMENT NAME Pierce
2. NAME OF OPERATOR Chevron Oil Company, Western Division		8. FARM OR LEASE NAME Gertrude L. King
3. ADDRESS OF OPERATOR P. O. Box 220, Casper, Wyoming 82602		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1957 S/N, 1974' E/W (SE 1/4)		10. FIELD AND POOL, OR WILDCAT Pierce-Lyons
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T8N, R66W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5062 KB		12. COUNTY OR PARISH Weld
		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) <input checked="" type="checkbox"/> Convert to Water Injector	

SUBSEQUENT REPORT OF:

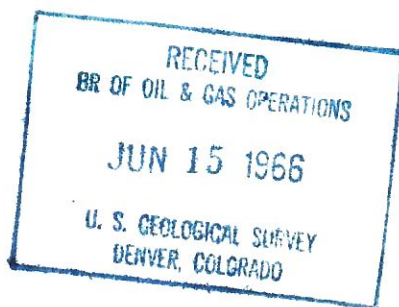
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

The following well work is planned:

1. Drill out cement 9225-9240 and C I Bridge Plug at 9240, clean out to FHTD.
2. Perforate interval 9272-9276 and 9290-9300.
3. Set Packer on Tubing at 9200'.
4. Run injectivity test.
5. Place well on injection.



DVR	<input checked="" type="checkbox"/>
WRS	<input type="checkbox"/>
HHM	<input type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
FILE	<input type="checkbox"/>

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

SIGNED P. F. Hamilton

TITLE Lead Drilling Engineer

DATE June 9, 1966

(This space for Federal or State office use)

APPROVED BY (Orig. sgd.) E. R. HAYMAKER

TITLE District Engineer

DATE 6/15/66

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side