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STATES
OF THE INTERIORSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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 Injection Well	5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR Chevron Oil Company, Western Division	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 220, Casper, Wyoming 82601	7. UNIT AGREEMENT NAME Pierce
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 NW 1/4)	8. FARM OR LEASE NAME Gertrude L. King
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Pierce-Lyons
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T8N, R66W
14. PERMIT NO.	12. COUNTY OR PARISH Weld
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5082 KB	13. STATE Colorado

RECEIVED

OCT 5 - 1966

COLO. OIL & GAS CONS. COMM.

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

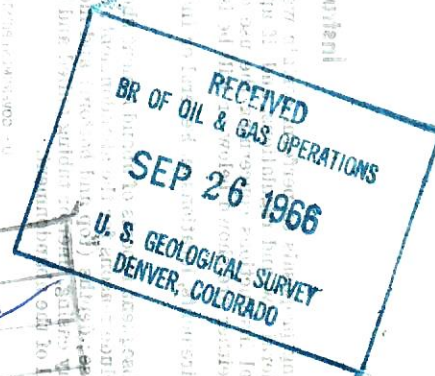
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) <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.)*

We plan to acidize this water injection well as follows:

1. 500 Gallons FE Acid w/0.2 of 1% Surfactant.
2. 250 Gallons galled salt water w/400# Rock Salt.
3. 500 Gallons FE Acid w/0.2 of 1% Surfactant.



18. I hereby certify that the foregoing is true and correct		J. B. WEBER	
SIGNED <u><i>J. B. Weber</i></u>	TITLE <u>Production Engineer</u>	DATE <u>Sept. 22, 1966</u>	
(This space for Federal or State office use)			
APPROVED BY <u>(Orig. sig.) E. R. HAYMAKER</u>	TITLE <u>District Engineer</u>	DATE <u>10/3/66</u>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side