



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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

12. COUNTY OR PARISH

Weld

13. STATE

Colorado

1.

OIL WELL ☐ GAS WELL ☐ OTHER

Water Injection Well

2. NAME OF OPERATOR

Chevron Oil Company, Western Division

3. ADDRESS OF OPERATOR

P. O. Box 220, Casper, Wyoming 82601

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)

RECEIVED

OCT 5 - 1966

14. PERMIT NO.

15. ELEVATIONS (Show where top of, etc.)

5082 KB

COLO. OIL & GAS CONS. COMM.

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.)*

This water injection well was acidized as follows:

1. 500 Gal. FE Acid w/0.2 of 1% Surfactant.
2. 250 Gal. Gelled Salt Water w/400# Rock Salt.
3. 500 Gal. FE Acid w/0.2 of 1% Surfactant.

Injection: Before 894 BWPD @ 1810 psi
After 810 BWPD @ 2250 psig

DVR	<input checked="" type="checkbox"/>
W	<input type="checkbox"/>
W	<input type="checkbox"/>
W	<input type="checkbox"/>
W	<input checked="" type="checkbox"/>
W	<input checked="" type="checkbox"/>

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

SIGNED

John B. Weber

J. B. Weber

Lead Production Engineer

DATE

Sept. 29, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
OCT 3, 1966
Rudolph C. Bayer, Jr.
RUDOLPH C. BAYER, JR.
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side