



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

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  GAS WELL  OTHER  Water Injection

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 Ft. S of N, 1974 F+ E of W (SE 1/4 NW 1/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5068 Cr.

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  
6th PM

12. COUNTY OR PARISH 13. STATE  
Weld Colo.

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Cement Squeeze	<input checked="" 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 work was performed on the subject well

- Squeeze csg shoe with 100 sks
- Acidized perforations 9250-9260 and 9272-9300 with 2,000 gal. mud acid
- Returned well to injection

	Before	After
Injection	1116 BWPD 2550 psi	970 BWPD 1950 psi

Workover rig on: 7-9-67  
Workover rig off: 7-14-67

DVR	
FJP	
HHM	
JAM	
JD	

18. I hereby certify that the foregoing is true and correct  
SIGNED P. F. Hamilton TITLE P. F. Hamilton DATE July 20, 1967  
TITLE Lead Drilling Engineer

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE 7/20/67  
CONDITIONS OF APPROVAL, IF ANY: COLO. OIL & GAS COM. COMM.

\*See Instructions on Reverse Side