

REV. 7-64

OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.



00053538

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or otherwise re-enter a well.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		3. ADDRESS OF OPERATOR P. O. Box 455, Vernal, Utah		5. LEASE DESIGNATION AND SERIAL NO. C-0127531																																					
2. NAME OF OPERATOR Chevron Oil Company, Western Division		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FWL of Section 15, T1N, R103W, 6th PM At proposed prod. zone		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																																					
14. PERMIT NO. 67 528		15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB - 5293		7. UNIT AGREEMENT NAME																																					
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)		8. FARM OR LEASE NAME Chevron-Pan American-Amerada																																					
<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Other)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		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 checked="" type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>			<p>SUBSEQUENT REPORT OF:</p> <table border="0"> <tr> <td>WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>REPAIRING WELL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT</td> <td><input type="checkbox"/></td> <td>ALTERING CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING</td> <td><input type="checkbox"/></td> <td>ABANDONMENT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Other)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>		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"/>			9. WELL NO. Federal #1 (14-15)	
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				10. FIELD AND POOL, OR WILDCAT Wildcat																																					
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T1N, R103W, 6th PM																																					
				12. COUNTY OR PARISH Rio Blanco																																					
				13. STATE Colorado																																					

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"/>
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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.)

It is proposed to plug and abandon subject well as follows:

1. Set CIBP in bottom of 7" protective casing at \pm 8640' and cap with cement
2. Cut off and recover 7" casing.
3. Set cement plug 100' in and out 7" casing stub.
4. Set cement plug 100' in and out base of 10 3/4" surface casing.
5. Cut off 10 3/4" casing head and set 10 sx cement plug in top of surface casing with proper dry hole marker installed.

DVR	
FJP	<input checked="" type="checkbox"/>
NHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

Above procedure approved in telecon J. McKee - R. L. Scott on 4-24-68.

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

SIGNED R. W. PATTERSON

TITLE Unit Superintendent

DATE 5-1-68

(This space for Federal or State office use)

APPROVED BY M. Rogers
CONDITIONS OF APPROVAL, IF ANY:

TITLE Director

DATE MAY 7 1968