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OCT 11 1977

Form 9-771



00263475

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Pierce Unit	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		8. FARM OR LEASE NAME UPRR - Priddy	
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, CO 80201		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  638' FSL & 1981' FWL (SE $\frac{1}{4}$ SW $\frac{1}{4}$ )		10. FIELD AND POOL, OR WILDCAT Pierce	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S23, T8N, R66W, 6th PM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 5,054		12. COUNTY OR PARISH Weld	
		13. STATE CO	

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.)\*

It is proposed to acidize this well per the attached.

3-USGS  
2-State  
1-WSB  
1-DLD  
1-Sec. 723  
1-File

No additional surface  
disturbances required  
for this activity.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CGM	

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

SIGNED

TITLE

J. J. Johnson

Engineering Assistant

DATE

10/10/77

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O &amp; G CONS. COMM.

DATE

OCT 13 1977

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



WELL NAME: UPRR - Priddy #4

FIELD: Pierce

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GOLD OIL & GAS CONS. COMM.

PROPOSED TREATMENT PROCEDURE

1. Objective: Increase production.
2. Size and type of treatment: 500 gal 15% HCl with demulsifier, inhibitor, and iron sequestering agent.
3. Intervals to be treated: 9156-9196
4. Treatment down casing or tubing: Tubing.
5. Method of localizing its effects: Measured displacement.
6. Disposal of treating fluid: Spent acid to be swabbed back.
7. Name of company to do work: Dowell, Halliburton or Western.
8. Anticipated additional surface disturbances: None.
9. Estimated work date: October 21, 1977.
10. Present status, current production and producing interval:

<u>Date</u>	<u>BOPD</u>	<u>MCFD</u>	<u>BWPD</u>
7/77	27		244