

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

DEC 17 1985



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

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.)

COLORADO OIL & GAS COMMISSION

5. LEASE DESIGNATION & SERIAL NO. _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME
Mt. Hope

8. FARM OR LEASE NAME
Mt. Hope

9. WELL NO. 35 (formerly A-2)

10. FIELD AND POOL, OR WILDCAT
Mt. Hope

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30-9N-53W

12. COUNTY Logan 13. STATE Colo.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Rex Monahan

3. ADDRESS OF OPERATOR
Box 1231, Sterling, Colorado 80751 59100

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface NESWNW
At proposed prod. zone _____

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

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>

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) <u>status report</u>	

(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.)

18. Date of work _____

* Must be accompanied by a cement verification report.



This is a producing oil well.

275	
SIP	
HAM	
IAM	
RCC	
AP	
CGM	
SD	

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

SIGNED _____ TITLE Operator DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE DEC 23 1985
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.