

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

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

RECEIVED

JUL 16 1974

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Rex Monahan		3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Colorado 80751		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL and 990' FWL Section 30 SW/4 At proposed prod. zone		5. LEASE DESIGNATION AND SERIAL NO. COLO. CR. & GAS CONVS. COMM.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4176 DF		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		7. UNIT AGREEMENT NAME Mt. Hope		8. FARM OR LEASE NAME Green		9. WELL NO. Unit #45 (formerly Shell-Green #10)	
10. FIELD AND POOL, OR WILDCAT Mt. Hope Field		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-9N-53W		12. COUNTY Logan		13. STATE Colorado					

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"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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 checked="" type="checkbox"/>
(Other)			

(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.)

Date of work June 20, 1974

M.I.R.U. Ran sand and dumped 5 sacks cement above perforations. Shot at 3416' came loose, pulled same. Mud hole to bottom of surface and set 15 sacks cement plug, 206', ran 10 sacks to base cellar. Cut off casing below plow depth and welded on cap.

EXHAUSTED
OIL WELL

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	P64 RCH
CCM	

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

SIGNED

TITLE Operator

DATE July 15, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR
O & G CONSL. COMM.

JUL 29 1974