

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

RECEIVED

JUL 31 1974



00300300

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

COLO. OIL & GAS CONSERV. COMM.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. Dallegge	
2. NAME OF OPERATOR Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME Dallegge	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C SW SE		8. FARM OR LEASE NAME Dallegge	
At proposed prod. zone		9. WELL NO. 1-29	
14. PERMIT NO. 70-548		10. FIELD AND POOL, OR WILDCAT Northwest Peetz	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4525 DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-12N-52W	
		12. COUNTY Logan	
		13. STATE Colorado	

16. 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"/>
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"/>	

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.)

Date of work August 16, 1974

Plan to run sand from T. D. to 20 ft. above perforations and dump 5 sacks cement. Shoot off casing at approximately 3600 ft. and pull same. Run heavy mud to bottom of surface casing and set 15 sacks cement plug. Run 10 sacks cement to base of cellar. Cut off and weld on cap.

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

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

SIGNED [Signature] TITLE Operator DATE July 30, 1974

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE AUG 1 1974

CONDITIONS OF APPROVAL, IF ANY:

7