

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



00300320

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5 FEDERAL INDIAN OR STATE LEASE NO
2 NAME OF OPERATOR Rex Monahan			6 PERMIT NO 67-186
3 ADDRESS OF OPERATOR P.O. Box 1231			7 API NO 05 075 8024
CITY Sterling	STATE Co	ZIP CODE 80751	8 WELL NAME Stewart-Hiett
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface			9 WELL NUMBER 1
At proposed prod zone			10 FIELD OR WILDCAT Northwest Peetz
17 COUNTY Logan			11 QTR. QTR. SEC., T.R. AND MERIDIAN C SE 30-12N-52W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE 12/1/90, (REQUIRED EVERY 6 MONTHS)) <input type="checkbox"/> PRODUCTION RESUMED (DATE) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER status report
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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

15. DATE OF WORK

This well produces a very low volume of oil and gas, almost too small to measure (TSTM). However, we desire to keep it for possible future use in an enhanced oil recovery project or as a water disposal well.

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

SIGNED _____ TELEPHONE NO. 522-0774

NAME (PRINT) REX MONAHAN TITLE Operator DATE 4-17-92

(This space for Federal or State office use)

APPROVED R. Van Sickle TITLE Engr DATE MAY 15 1992

CONDITIONS OF APPROVAL, IF ANY:

Submit analysis of potential for use by Oct. 15, 1992