

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



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.)

1. <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.
3. ADDRESS OF OPERATOR P. O. Box 1231 CITY STATE ZIP CODE Sterling, Co 80751		7. API NO. 05 075 6335
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>C SW SE</u>		8. WELL NAME Mt. Hope
At proposed prod. zone		9. WELL NUMBER 34
12. COUNTY Logan		10. FIELD OR WILDCAT Mt. Hope
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SENE 25-9N-54W</u> <u>C SW SE Section 29-4S-62W</u>

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/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN; TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <u>status report</u> <input type="checkbox"/> OTHER _____
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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 is temporarily shut in. We tried to deepen to the "0" zone, but we were unable to do so. It is our intention to make another effort, but that will not be done until the early part of 1991.

RECEIVED

JUN 4 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED _____ TELEPHONE NO. 522-0774

NAME (PRINT) _____ TITLE Operator DATE 5-31-90

(This space for Federal or State office use)

APPROVED Dennis Eicknell TITLE DIRECTOR DATE JUL 30 1990

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.