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OGCC FORM 4
Rev 8/89

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

JUL 23 1992

SUBMIT ORIGINAL AND 1 COPY

COLO. OIL & GAS CONS. COMM.

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.)		5 FEDERAL INDIAN OR STATE LEASE NO
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		6 PERMIT NO MA
2 NAME OF OPERATOR Rex Monahan		7 API NO 05-075-07191
3 ADDRESS OF OPERATOR P. O. Box 1231		8 WELL NAME Casement
CITY STATE ZIP CODE Sterling Co 80751		9 WELL NUMBER #2
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 665' FWL & 665' FSL		10 FIELD OR WILDCAT Cliff/D Sand
At proposed prod zone		11 QTR. QTR. SEC., T.R. AND MERIDIAN SWSW Sec 33-12N-54W
12 COUNTY Logan		

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 <u>Plan to squeeze cement "D" sand perforations and attempt to recomplete in the "J" Sand.</u>	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 <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 7-24-92

This well is perforated in the "D" Sand from 5406-09 feet. It is proposed to squeeze cement these perforations using 25 to 50 sacks of regular cement, drill out the cement and a cast iron bridge plug (CIBP) that is presently set at 5491-95 feet and recomplete in the "J" Sand from 5521-25 feet.

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

SIGNED [Signature] TELEPHONE NO. 303-522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 7-22-92

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engr. DATE JUL 31 1992

CONDITIONS OF APPROVAL, IF ANY:

8

