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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 Box 1231, CITY STATE ZIP CODE Sterling Colorado 80751			7 API NO. 05-075-07191-1
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 At proposed prod. zone			8 WELL NAME Casement 14-33
			9 WELL NUMBER #2
			10 FIELD OR WILDCAT Cliff "D" Sand
12 COUNTY Logan			11 QTR. QTR. SEC., T.R. AND MERIDIAN SWSW Sec. 33-12N-54W

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

**Use Form 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions*

13C. NOTIFICATION OF:

- ☒ SHUT-IN TEMPORARILY ABANDONED (DATE 1988) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

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 shut-in and an extension is requested to the
of ultimately employing the well for enhanced oil recovery

RECEIVED

SEP 15 1993

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

OIL & GAS CONS. COMM.

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

SIGNED _____ TELEPHONE NO. 522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 9-14-93

(This space for Federal or State office use)

APPROVED _____ TITLE ETA DATE 11-1-93
CONDITIONS OF APPROVAL, IF ANY:

3475