



**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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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.
2 NAME OF OPERATOR Rex Monahan		7 API NO. 05-075-07191-1	
3 ADDRESS OF OPERATOR Box 1231, CITY STATE ZIP CODE Sterling Colorado 80751		8 WELL NAME Casement 14-33	
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		9 WELL NUMBER #2	
		12 COUNTY Logan	10 FIELD OR WILDCAT Cliff "D" Sand
			11 QTR. QTR. SEC., T.R. AND MERIDIAN SWSW Sec. 33-12N-54W

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

<b>13A. NOTICE OF INTENTION TO:</b> <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 _____	<b>13B. SUBSEQUENT REPORT OF:</b> <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 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commungled Completions and Recompletions</small>	<b>13C. NOTIFICATION OF:</b> <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE 1988) (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 \_\_\_\_\_

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**  
D.D.O. 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:

3476