



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

SUBMIT ORIGINAL AND 1 COPY *None*



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		7 API NO 05-075-07207
CITY STATE ZIP CODE Sterling, Colorado 80751		8 WELL NAME Casement 13-33
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone		9 WELL NUMBER #1
12 COUNTY Logan		10 FIELD OR WILDCAT Cliff/"D" Sand
		11 QTR QTR SEC. T.R. AND MERIDIAN NWSW 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 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commungled Completions and Recompletions*

13C. NOTIFICATION OF:

- SHUT-IN TEMPORARILY ABANDONED (DATE _____) (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)

RECEIVED

15. DATE OF WORK _____

NOV 15 1990

COLO. OIL & GAS CONS. COMM.

This well does not have sucker rods and therefore, it is temporarily shut in.

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

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

SIGNED _____ TELEPHONE NO. 522-0774
NAME (PRINT) Rex Monahan TITLE Operator DATE 11-13-90

(This space for Federal or State office use)

APPROVED *R. Van Sickle* TITLE *Engr. C* DATE *11-27-90*

CONDITIONS OF APPROVAL, IF ANY:

Submit plans for P & A or putting well back on production with required copies please.