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OG Rev. 8/89

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

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FOR OFFICE USE ONLY ET FE UC SE

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. OIL WELL [X] GAS WELL [] COALBED METHANE [] INJECTION WELL [] OTHER [] 2. NAME OF OPERATOR Rex Monahan 3. ADDRESS OF OPERATOR Box 1231 CITY Sterling STATE Colorado ZIP CODE 80751 4. LOCATION OF WELL 665' FWL & 1964' FSL 5. FEDERAL, INDIAN OR STATE LEASE NO 6. PERMIT NO 7. API NO 05-075-07207 8. WELL NAME Casement 13-33 9. WELL NUMBER #1 10. FIELD OR WILDCAT Cliff "D" Sand 11. QTR. QTR. SEC., T.R. AND MERIDIAN NWSW Sec. 33-12N-54W 12. COUNTY Logan

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 report of Multiple/Commungled 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 end of ultimately employing the well for enhanced oil recovery.

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

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

SIGNED [Signature] TELEPHONE NO. 522-0774 NAME (PRINT) Rex Monahan TITLE Operator DATE 9-14-93

(This space for Federal or State office use)

APPROVED [Signature] TITLE ETA DATE 11-1-93

CONDITIONS OF APPROVAL, IF ANY:

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