



00255709

OGCC FORM 4
Rev 8/89STATE 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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" 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. 07560032 ✓
CITY Sterling	STATE Colorado	ZIP CODE 80751	8. WELL NAME Mt. Hope
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 W-38 ✓
SWNE 2373' FN 2369' FE			10. FIELD OR WILDCAT Mount Hope
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN Section 25-9N-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 report of Multiple Commingled Completions
and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN, TEMPORARILY ABANDONED
 (DATE 1991)
 (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 temporarily abandoned. We want to keep the well in a TA status because it might be necessary to employ it in our future operations for enhanced oil recovery.

Our records indicate this well is plugged and abandoned.

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

SIGNED _____

TELEPHONE NO. 970-522-0774

NAME (PRINT) Rex Monahan TITLE Operator

DATE February 28, 1996

(This space for Federal or State office use)

APPROVED _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE EA

DATE

3-26-96