

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



file in duplicate for Patented and Federal lands.
file in triplicate for State lands.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Wells		5. LEASE DESIGNATION & SERIAL NO.
2. NAME OF OPERATOR Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME Mt. Hope Waterflood Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SESW At proposed prod. zone		8. FARM OR LEASE NAME Mt. Hope
14. PERMIT NO.		9. WELL NO. W-21
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT SESW 19 9N 53W
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		12. COUNTY Logan
		13. STATE Colorado

16. **Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <u>current status</u>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____ * Must be accompanied by a cement verification report.

Well No.	Direction	Section	Well Type	Description
W-7	SWNWSW	Section 19-9N-53W	WIW	It was a WIW when Rex purchased the property in 1972 and has been ever since.
✓ W-21	SESW	Section 19-9N-53W	WIW	Since 1978.
W-22	SWSE	Section 19-9N-53W	WIW	It was a WIW when Rex purchased the property in 1972.
W-23	NENW	Section 25-9N-54W	WIW	It was a WIW when Rex purchased the property in 1972.
W-48	NWSE	Section 25-9N-54W	WIW	Shut in
W-52	SESW	Section 30-9N-53W	WIW	Shut in



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

SIGNED [Signature] TITLE Operator DATE 3-10-83

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE FEB 10 1986
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: