

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



00252008

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

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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.)

<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			1. FEDERAL/INDIAN OR STATE LEASE NO. 2. PERMIT NO. 69-424
3. NAME OF OPERATOR Rex Monahan		7. API NO. 075081530	
4. ADDRESS OF OPERATOR Box 1231		8. WELL NAME Henderson	
CITY Sterling, CO	STATE CO	ZIP CODE 80751	9. WELL NUMBER #2
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) As proposed prod. zone			11. FIELD OR WILDCAT Yoyo
12. COUNTY Logan			13. QTR. QTR. SEC. T.R. AND RANG. SEC. NWSE Sec 24-8N-53W

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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLED ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT JOINT PARTY CEMENT VERIFICATION AND JOBS 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/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (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 3/22/93

Ran sand to 4600'.
 Set 10 sacks cement on sand at 4600'.
 Pumped 45 sacks cement in and out bottom of surface at 103'.
 Cut off surface 4' below ground level.
 Set 10 sacks cement in top of surface.
 Welded on cap.
 Heavy mud between all plugs.

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

SIGNED _____ TELEPHONE NO. _____
 NAME (PRINT) _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED Ther. B. Birdsey TITLE Eng. DATE 6-10-93

CONDITIONS OF APPROVAL, IF ANY:

Close pits, cleanup, Reclaim location.