

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



00252009



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.)		5 FEDERAL INDIAN OR STATE LEASE NO
1 NAME OF OPERATOR <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		6 PERMIT NO 69-424
2 NAME OF OPERATOR Rex Monahan		7 API NO 075081530
3 ADDRESS OF OPERATOR P. O. Box 1231,		8 WELL NAME Henderson
CITY STATE ZIP CODE Sterling Co 80751		9 WELL NUMBER #2
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10 FIELD OR WILDCAT Yojo
At proposed prod. zone 12 COUNTY Logan		11 QTR. QTR. SEC., T.R. AND MERIDIAN NWSE Sec 24-8N-53W

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

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON - <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB 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 report of Multiple/Commingle 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 February, 1993

Plan to run sand to 50' above perforations which are from 4651' to 4661' and place a 10 sack cement plug. Run heavy mud to base of surface casing. Place 35 sacks of cement in base of surface casing which is set at 103'. Place 10 sacks of cement in top of surface. Cut off plow depth and weld on cap.

RECEIVED

FEB

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

SIGNED _____ TELEPHONE NO. 303-522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 1-29-93

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engr. DATE MAR 11 1993

CONDITIONS OF APPROVAL, IF ANY: