



RECEIVED

REV. 7-64

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

JUN 28 1974

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

COLO. OIL &amp; GAS CONS. COMM.

## 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"/> OTHER <u>W.I.W.</u>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Rex Monahan</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 1231, Sterling, Colorado 80751</u>		7. UNIT AGREEMENT NAME <u>Divide</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>SW SW NW</u> <u>At proposed prod. zone</u>		8. FARM OR LEASE NAME <u>Moyer</u>	
14. PERMIT NO.		9. WELL NO. <u>W.I.W. #5</u> <u>(formerly Sinclair Moyer #1)</u>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>4120 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Divide</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 2-8N-53W</u>	
		12. COUNTY <u>Logan</u>	13. STATE <u>Colorado</u>

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

Date of work July 8, 1974

Plan to run sand from T.D. to 20 ft. above perforations and dump 5 sacks cement. Shoot off casing at approximately 4000 ft. and pull same. Run heavy mud to bottom of surface casing and set 15 sacks cement plug, and run 10 sacks cement to base of cellar. Cut off and weld on cap.

DVR	<input type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED [Signature] TITLE Operator DATE 6-25-74

(This space for Federal or State office use)

APPROVED BY D.V. Rogers TITLE DIRECTOR DATE JUL 5 1974  
CONDITIONS OF APPROVAL, IF ANY: 200