

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

RECEIVED
DEC 17 1985



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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME Mt. Hope	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NENENW At proposed prod. zone		8. FARM OR LEASE NAME Mt. Hope	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Mt. Hope	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-9N-53W	
		12. COUNTY Logan	13. STATE Colo.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) status report

(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.

This well is temporarily abandoned.

REG	
EXP	
INH	<input checked="" type="checkbox"/>
IAM	
RCC	
AR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED _____

TITLE Operator

DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY _____

TITLE

DIRECTOR

DATE

DEC 23 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.