

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

SUBMIT ORIGINAL AND 1 COPY



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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.)

1. <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			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Rex Monahan			6. PERMIT NO.
3. ADDRESS OF OPERATOR Box 1231			7. API NO. 07506358
CITY Sterling	STATE Colorado	ZIP CODE 80751	8. WELL NAME Mt. Hope
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface At proposed prod. zone			9. WELL NUMBER 4 (27)
12. COUNTY Logan			10. FIELD OR WILDCAT Mount Hope
			11. QTR. QTR. SEC., T.R. AND MERIDIAN Section 30-9N-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"/> 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 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE 1985 DEC (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

The status of this well is temporarily abandoned. We want to keep the well in a TA status because it might be necessary to employ it in our future operations for enhanced oil recovery.

**STATUS REPORT REQUIRED  
ANNUALLY ON SHUT IN  
& TEMPORARILY ABANDONED WELLS.**

**Comply with Rule 324-b. Run and  
submit Mechanical Integrity Test  
within 6 months or P & A well.**

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

SIGNED \_\_\_\_\_ TELEPHONE NO. 970-522-0774  
NAME (PRINT) Rex Monahan TITLE Operator DATE February 28, 1996

(This space for Federal or State office use)

APPROVED Jackie Hole TITLE EA DATE 3-26-96  
CONDITIONS OF APPROVAL, IF ANY: