



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

RECEIVED

NOV 1 1982

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

COLO. OIL & GAS CON. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Mr. Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME	
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 760' S of N line and 556' E of W line SW/4		8. FARM OR LEASE NAME Cervi Reagan	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Yoyo	
		11. SEC., T., R., M., OR BLK AND SURVEY OR AREA NW SW Sec. 19-8N-52W	
		12. COUNTY Logan	13. STATE Colorado

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <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.)

18. Date of work 5-10-82 through 5-18-82 \* Must be accompanied by a cement verification report.

Pumped 25 sacks cement into perfs. Squeezed to 1500#. Let set for 10 minutes.  
Pumped 25 sacks cement at 2840'. Pumped 25 sacks cement at 90'. Set 10 sacks cement from 13' to 40'. Dug down 13' and welded on cap.

EXHAUSTED  
OIL WELL

DVR	
FJP	
NHM	<i>[Signature]</i>
JAM	<input checked="" type="checkbox"/>
JJD	
RLS	
CGM	

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

SIGNED *[Signature]* TITLE Operator DATE 10-28-82

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE DIRECTOR DATE NOV 19 1982  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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