

OIL AND GAS CONSERVATION COMMISSION

RECEIVED

DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

FEB 10 1977



00259114

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

COLO. OIL & 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. COMM.	
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 At proposed prod. zone SE SW SW		8. FARM OR LEASE NAME Green	
14. PERMIT NO.		9. WELL NO. #20 (formerly C.F. Green B-1)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4188 D.F.		10. FIELD AND POOL, OR WILDCAT Mt. Hope	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19-9N-53W	
NOTICE OF INTENTION TO:		12. COUNTY Logan	
SUBSEQUENT REPORT OF:		13. STATE Colorado	

330fs/
1568fwl

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Other) _____

(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 _____

I previously obtained permission to plug this well, but we have since decided to leave the casing in the ground and hope at some future time the well can be restored to production or used as a water injection well.



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

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

SIGNED Rex Monahan TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 18 1977
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

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