



STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY

RECEIVED  
MAR 6 1996  
COLO. OIL & GAS CONS. COMM

FOR OFFICE USE ONLY			
ET	FE	UC	SE

**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		4. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Rex Monahan		6. PERMIT NO.
3. ADDRESS OF OPERATOR Box 1231		7. API NO. 07506372
CITY                      STATE                      ZIP CODE Sterling, Colorado 80751		8. WELL NAME Green <i>mt. Hope</i>
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                      SWSW	12. COUNTY  Logan	9. WELL NUMBER 20
		10. FIELD OR WILDCAT Mount Hope
		11. QTR. QTR. SEC., T.R. AND MERIDIAN Section 19-9N-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 <u>1985</u> ) (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 _____
--	--	--

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 Hoke TITLE EA DATE 3-26-96

CONDITIONS OF APPROVAL, IF ANY: