



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

RECEIVED

JUN 28 1985

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

5. LEASE DESIGNATION & SERIAL NO.

**SUNDRY NOTICES AND REPORTS ON WELLS** **COLO. OIL & GAS CONS. COMM.**

(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.)

INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>WIW</b>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>Rex Monahan</b>		8. FARM OR LEASE NAME <b>Mt. Hope</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 1231, Sterling, Colorado 80751</b>		9. WELL NO. <b>16</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>991' NSL 1015' WEL of the SE/4</b> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <b>Mt. Hope</b>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4214 DF</b>	
		12. COUNTY <b>Logan</b>	13. STATE <b>Colorado</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 19 16-9N-53W</b>	

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 (Other) <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 \_\_\_\_\_

\* Must be accompanied by a cement verification report.

On May 6, 1985, this well was experimentally converted to a water injection well. It was temporarily abandoned on June 18, 1985 because it would not take water.

MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
NOV	
DEC	

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

SIGNED \_\_\_\_\_ TITLE **Operator** DATE **6-25-85**

(This space for Federal or State office use)

APPROVED BY **William Smith** TITLE **DIRECTOR** DATE **JUL 9 1985**  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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