



00269985

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

FOR OFFICE USE			
ET	FE	UC	SE
<i>AB</i>	<i>SP</i>		

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

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 WIW		5. LEASE DESIGNATION & SERIAL NO.
2. NAME OF OPERATOR Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Co 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		8. FARM OR LEASE NAME Mt. Hope
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4214 DF		10. FIELD AND POOL, OR WILDCAT Mt. Hope
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T. 16-N, R. 5-W
		12. COUNTY Logan
		13. STATE Co

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>
(Other)	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)

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.

RECEIVED

MAY 10 1989

**STATUS REPORT REQUIRED COLO. OIL & GAS CONS. COMM.
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**

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

PRINT _____

SIGNED _____

TITLE Operator

DATE May 9, 1989

(This space for Federal or State office use)

APPROVED BY Stephan Pett

TITLE Petro. Engr. C

DATE 5/22/89

CONDITIONS OF APPROVAL, IF ANY: