



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<br>Rex Monahan   |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |                 |
| 3. ADDRESS OF OPERATOR<br>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.<br>See also space 17 below.)<br>At surface<br>At proposed prod. zone |   | 8. FARM OR LEASE NAME<br>Mt. Hope   |                 |
|  |   | 9. WELL NO.<br>16   |                 |
|  |   | 10. FIELD AND POOL, OR WILDCAT<br>Mt. Hope                                  |                 |
|  |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19, T. 16N, R. 53W |                 |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4214 DF | 12. COUNTY<br>Logan   | 13. STATE<br>Co |

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

## NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| 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)             |                          |                      |                          |

## SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| 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  
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 Pott*

TITLE

*Petro. Engr. C*

DATE

*5/22/89*

CONDITIONS OF APPROVAL, IF ANY: