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

FOR OFFICE USE ONLY			
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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 checked="" type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Rex Monahan		6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 1231		7. API NO.
CITY Sterling, Co	STATE CO	8. WELL NAME Mt. Hope
ZIP CODE 80751		9. WELL NUMBER 16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD OR WILDCAT Mt. Hope
At proposed prod. zone		11. QTR. QTR. SEC., T.R. AND MERIDIAN 19 Sec 16-9N-53W
12. COUNTY Logan		

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION
AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

* Use Form 5 - Well Completion or Recompletion Report and Log
for subsequent report of Multiple/Commingle Completions
and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN, TEMPORARILY ABANDONED
(DATE _____)
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED
(DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ 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 _____

This well is presently shut in and we really don't have any future plans for it.
It was never used as an injection well per se and its status would be that of a
temporarily abandoned producing well.

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

SIGNED _____ TELEPHONE NO. 303-522-0774

NAME (PRINT) _____ TITLE Operator DATE 11-7-90

(This space for Federal or State office use)

APPROVED Stephen J. Roth TITLE Sr. Engr DATE 11/27/90
CONDITIONS OF APPROVAL, IF ANY: * See letter dated 11/27/90