



OGCC FORM 4
Rev. 8/89

RECEIVED

NOV 9 1990

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.)

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

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

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| <p>13A. NOTICE OF INTENTION TO:</p> <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 _____ | <p>13B. SUBSEQUENT REPORT OF:</p> <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> | <p>13C. NOTIFICATION OF:</p> <input checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (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 _____ |
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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 Roth TITLE Sr. Engr DATE 11/27/90
CONDITIONS OF APPROVAL, IF ANY:

* See letter dated 11/27/90