

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



00300296

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

RECEIVED



DEFINITIVE 1974

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.)

COLO. OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Rex Monahan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME & GAS CONS. COMM.
3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME Dallegge
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 <u>SW SE</u>		8. FARM OR LEASE NAME Dallegge
14. PERMIT NO. 70-548		9. WELL NO. 1-29
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4525 DF		10. FIELD AND POOL, OR WILDCAT Northwest Peetz
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-12N-52W
		12. COUNTY Logan
		13. STATE Colorado

59100

DSND

68290

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"/>
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) <input type="checkbox"/>	

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 checked="" 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.)

Date of work August 16, 1974

M.I.R.U. Ran sand to cover perfs. from PBDT 5,250' to perfs. 5134-36' and dumped a 5 sack cement plug on top of sand. Shot at 4,304', came loose, pulled same. Ran heavy mud to bottom of surface casing and set a 15 sack cement plug, 180'. Placed a 10 sack cement plug in top of surface. Cut surface casing off below plow depth and welded on cap.

EXHAUSTED  
GAS WELL

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	

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

SIGNED [Signature] TITLE Operator DATE August 22, 1974

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 26 1974

CONDITIONS OF APPROVAL, IF ANY:

X