



00270033

REGULATION COMMISSION
NATURAL RESOURCES
OF COLORADO

RECEIVED

MAR 7 1977

COLO. OIL & GAS CONS. COMM.

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Mt. Hope

8. FARM OR LEASE NAME

Green

9. WELL NO. 13

(Formerly C.F. Green #B-3)

10. FIELD AND POOL, OR WILDCAT

Mt. Hope

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA

Sec. 19-9N-53W

12. COUNTY

Logan

13. STATE

Colorado

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 GAS WELL OTHER

2. NAME OF OPERATOR
Rex Monahan

3. ADDRESS OF OPERATOR
Box 1231, Sterling, Colorado 80751

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 1022' N/SL
990' E/WL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4,188 D.F.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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 _____

We installed a pumping unit and motor and put the well back to pumping. There was no work done to change anything below the surface.

DVR	
FJP	✓
MHM	✓
JAM	✓
JJD	✓
GCH	
CGM	

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

SIGNED [Signature]

TITLE Operator

DATE 3-4-77

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G CONS. COMM.

DATE MAR 10 1977

file

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