



00270033

CONSERVATION COMMISSION
NATURAL RESOURCES
OF COLORADO

RECEIVED

MAR 7 1977

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

COLO. OIL & GAS CONS. COMM.

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 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 | |
| 3. ADDRESS OF OPERATOR Box 1231, Sterling, Colorado 80751 | | 7. UNIT AGREEMENT NAME Mt. Hope | |
| 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 | | 8. FARM OR LEASE NAME Green | |
| 14. PERMIT NO. | | 9. WELL NO. 13 (Formerly C.F. Green #B-3) | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,188 D.F. | | 10. FIELD AND POOL, OR WILDCAT Mt. Hope | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-9N-53W | |
| | | 12. COUNTY Logan | 13. STATE Colorado |

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"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input 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 _____

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 | |
| HHM | |
| JAM | |
| JJD | |
| GCH | |
| CGM | |

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

SIGNED

TITLE

Operator

DATE

3-4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR
O & G CONS. COMM.

DATE

MAR 10 1977

CONDITIONS OF APPROVAL, IF ANY:

file