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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Mt. Hope	
2. NAME OF OPERATOR Rex Monahan		8. FARM OR LEASE NAME Mt. Hope	
3. ADDRESS OF OPERATOR Box 1231, Sterling, Colorado 80751		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NESWSW At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Mt. Hope	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-9N-53W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY Logan	13. STATE Colo.

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) <u>status report</u> <input type="checkbox"/>	
(Other)		(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.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

This well has been plugged.

WNS	<input type="checkbox"/>
PIP	<input type="checkbox"/>
PHW	<input type="checkbox"/>
PAM	<input type="checkbox"/>
YCC	<input type="checkbox"/>
AR	<input checked="" type="checkbox"/>
OGM	<input type="checkbox"/>
ED	<input type="checkbox"/>

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

SIGNED [Signature] TITLE Operator DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE DEC 20 1985  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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X