



00255530

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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
ET	FE	UC	SE

**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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>COALBED METHANE</b> <input type="checkbox"/> <b>INJECTION WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>			<b>5. FEDERAL/INDIAN OR STATE LEASE NO.</b> 	
<b>2. NAME OF OPERATOR</b> Rex Monahan			<b>6. PERMIT NO.</b> 	
<b>3. ADDRESS OF OPERATOR</b> Box 1231			<b>7. API NO.</b> 05 075 6335	
<b>CITY</b> Sterling <b>STATE</b> Colorado <b>ZIP CODE</b> 80751			<b>8. WELL NAME</b> Mt. Hope	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface			<b>9. WELL NUMBER</b> #34	
At proposed prod. zone			<b>10. FIELD OR WILDCAT</b> Mt. Hope	
<b>12. COUNTY</b> Logan			<b>11. QTR. QTR. SEC., T.R. AND MERIDIAN</b> SENE Sec. 25-9N-54W	

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

**13A. NOTICE OF INTENTION TO:**

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER \_\_\_\_\_

**13B. SUBSEQUENT REPORT OF:**

- ☐ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER \_\_\_\_\_

\*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions

**13C. NOTIFICATION OF:**

- ☒ SHUT-IN, TEMPORARILY ABANDONED (DATE 12/85) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER status report

**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** \_\_\_\_\_

**RECEIVED**

MAY 30 1991

This well is temporarily shut-in. We are making another study of the "O" zone to see if it would really be worth the effort to complete this well, but now we do not think we would be making a decision until the last quarter of 1991.

COLO. OIL & GAS CONS. COMM

**16. I hereby certify that the foregoing is true and correct**

SIGNED \_\_\_\_\_ TELEPHONE NO. 303-522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE May 28, 1991

(This space for Federal or State office use)

APPROVED Stephen Pate TITLE Sr. Engr. DATE 6/4/91

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.**