



00278687

OGCC FORM 4  
Rev 8/89

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



SUBMIT ORIGINAL AND 1 COPY none

FOR OFFICE USE ONLY			
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**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.)

<input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5 FEDERAL INDIAN OR STATE LEASE NO
2 NAME OF OPERATOR Rex Monahan			6 PERMIT NO
3 ADDRESS OF OPERATOR P.O. Box 1231 CITY STATE ZIP CODE Sterling, CO 80751			7 API NO 05 075 07191 ✓
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. Sec also space 17 below.) At surface 665' FWL, 665' FSL At proposed prod zone			8 WELL NAME Casement 14-33
			9 WELL NUMBER 2 ✓
			10 FIELD OR WILDCAT Cliff
12 COUNTY Logan			11 QTR. QTR. SEC., T.R. AND MERIDIAN SW SW Sec. 33-T12N-R54W ✓



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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input checked="" type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 \_\_\_\_\_

We recently received the attached Sundry Notice noting that a Mechanical Integrity Test was required on this well. As reflected by the second Sundry Notice attached, this well was returned to production on May 9, 1994.

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

SIGNED James Rowland TELEPHONE NO. (303) 522-0774

NAME (PRINT) James Rowland TITLE Engineer DATE March 29, 1995

(This space for Federal or State office use)

APPROVED Jackie Hole TITLE EA DATE 6-13-95

CONDITIONS OF APPROVAL, IF ANY: