



00278687

OGCC FORM 4
Rev 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESSUBMIT ORIGINAL AND 1 COPY *none*

FOR OFFICE USE ONLY			
ET	FE	UC	SE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.)
☐ OIL WELL ☒ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

1 NAME OF OPERATOR

Rex Monahan

2 ADDRESS OF OPERATOR

P.O. Box 1231

CITY STATE ZIP CODE

Sterling, CO

80751

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

RECEIVED

MAR 31 1995

COLO. OIL & GAS CONS. COMM

12 COUNTY

Logan

5 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO

7 API NO

05 075 07191

8 WELL NAME

Casement 14-33

9 WELL NUMBER

2

10 FIELD OR WILDCAT

Cliff

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:

- ☐ 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/Commingle Completions
 and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED
 (DATE _____)
 (REQUIRED EVERY 6 MONTHS)
☒ PRODUCTION RESUMED
 (DATE _____)
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☐ OTHER _____

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

TELEPHONE NO. (303) 522-0774

NAME (PRINT) James Rowland

TITLE Engineer

DATE March 29, 1995

(This space for Federal or State office use)

APPROVED

TITLE

EA

DATE

6-13-95

CONDITIONS OF APPROVAL, IF ANY: