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OGCC FORM 4
Rev 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

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 <u>Rex Monahan</u>		6. PERMIT NO. Not Available
3. ADDRESS OF OPERATOR <u>P.O. Box 1231</u>		7. API NO. <u>05 075 07191</u>
CITY STATE ZIP CODE <u>Sterling, Colorado 80751</u>		8. WELL NAME <u>UPRR Casement</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface <u>665' FWL, 665' FSL</u> At proposed prod. zone		9. WELL NUMBER <u>2</u>
12. COUNTY <u>Logan</u>		10. FIELD OR WILDCAT <u>Cliff</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SW SW Sec. 33-T12N-R54W</u>

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 Return to Production

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 _____

A pipeline connection for this well has been recently completed. The well will be returned to production on approximately May 9, 1994. Please see the November, 1992 recompletion report.

RECEIVED

MAY - 6 1994

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

SIGNED

James Rowland

TELEPHONE NO.

(303) 532-0774

NAME (PRINT)

James Rowland

TITLE

Petroleum Engineer

DATE

May 5, 1994

(This space for Federal or State office use)

APPROVED

Jackie Hoke

TITLE

EAT

DATE

6-13-95

CONDITIONS OF APPROVAL, IF ANY: