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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.)

1. <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 Sterling, STATE Co ZIP CODE 80751			7. API NO. 07507193
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface At proposed prod. zone			8. WELL NAME UPRR Casement 24-33
			9. WELL NUMBER 4
			10. FIELD OR WILDCAT Cliff
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN SESW Sec 33-12N-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 unknown)  
 (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

The status of this well is shut in. We want to keep this well in  
a shut-in status because it might be necessary to employ it in our  
future operations for enhanced oil recovery.

Our records show this well was producing  
up to 10-95. Please submit date  
well was shut in. (If well was s1)

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

SIGNED \_\_\_\_\_ TELEPHONE NO. (970) 522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 2-28-96

(This space for Federal or State office use)

APPROVED Jackie Hole TITLE EA DATE 3-27-96  
CONDITIONS OF APPROVAL, IF ANY: