



00278664

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.)

<input checked="" type="checkbox"/> OIL WELL <input 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 Box 1231			7 API NO 05-075-07207	
CITY STATE ZIP CODE Sterling, Colorado 80751			8 WELL NAME Casement 13-33	
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 665' FWL & 1964' FSL			9 WELL NUMBER #1	
			10 FIELD OR WILDCAT Cliff "D" Sand	
12 COUNTY Logan			11 QTR. QTR. SEC., T.R. AND MERIDIAN NWSW 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/Commungled Completions
and Recompletions*

13C. NOTIFICATION OF:

- ☒ SHUT-IN, TEMPORARILY ABANDONED
(DATE 1988)
(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

This well is shut-in and an extension is requested to the end
of ultimately employing the well for enhanced oil recovery.Comply with Rule 324-b. Run and
submit Mechanical Integrity Test
within 6 months or P & A well.

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

SIGNED _____ TELEPHONE NO. 303-522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 9-14-94

(This space for Federal or State office use)

APPROVED _____ TITLE APPROVED DATE 10-20-94
CONDITIONS OF APPROVAL, IF ANY:

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input 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 Box 1231			7. API NO. 05-075-07207	
CITY STATE ZIP CODE Sterling, Colorado 80751			8. WELL NAME Casement 13-33	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			9. WELL NUMBER #1	
At proposed prod. zone 665' FWL & 1964' FSL			10. FIELD OR WILDCAT Cliff "D" Sand	
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN NWSW Sec. 33-12N-54W	

RECEIVED
SEP 13 1994

COLO. OIL & GAS CONS. COMM.

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/Commungled Completions
and Recompletions*

13C. NOTIFICATION OF:

- ☒ SHUT-IN, TEMPORARILY ABANDONED
(DATE 1988)
(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 _____

This well is shut-in and an extension is requested to the end
of ultimately employing the well for enhanced oil recovery.

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

SIGNED _____ TELEPHONE NO. 303-522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE 9-14-94

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: