

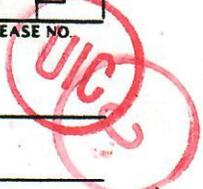


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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

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 type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" 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			7. API NO. 075600320	
CITY STATE ZIP CODE Sterling Co 80751			8. WELL NAME Mt. Hope	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			9. WELL NUMBER 38	
At proposed prod. zone			10. FIELD OR WILDCAT Mt. Hope	
12. COUNTY Logan			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNE 25-9N-54W	

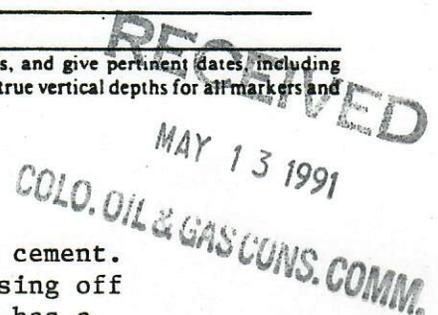
Check Appropriate Box To Indicate Nature of Notice, Report or Notification

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 checked="" 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 reports of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input 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 April 5, 1991

Dumped sand to 4972'. Ran cement bailer and dumped 9 sacks cement. Measured in wireline and found cement top at 4837'. Cut casing off 4' below ground level and welded cap on top of casing. Cap has a 2" piece of tubing projecting 6' above ground level to mark location. Well sign was attached to marker. Surface has been leveled and restored.



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

SIGNED _____ TELEPHONE NO. 522-0774

NAME (PRINT) Rex Monahan TITLE Operator DATE May 8, 1991

(This space for Federal or State office use)

APPROVED Cd DiMatteo TITLE SR. PETROLEUM ENGINEER DATE MAY 23 1991
O & G Cons. Comm

CONDITIONS OF APPROVAL, IF ANY: