

RECEIVED

OGCC FORM 4

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

JUN 25 1974



in duplicate for Patented and Federal lands.
in duplicate for State lands.

COLO. OIL & GAS CONSERVATION COMMISSION

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Rex Monahan		6. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1231, Sterling, Colorado 80751		7. UNIT AGREEMENT NAME Mt. Hope
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' from East line and 2372' from South line At proposed prod. zone NE NE SE		8. FARM OR LEASE NAME Green
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4192 KB	9. WELL NO. Unit No. 44 (formerly Texaco-Green #1"B")
		10. FIELD AND POOL, OR WILDCAT Mt. Hope
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 25-9N-54W
		12. COUNTY Logan
		13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work June 28, 1974

Plan to run sand from T.D. to 20 ft. above perforations and dump 5 sacks cement. Shoot off casing at approximately 4000 ft. and pull same. Run heavy mud to bottom of surface casing and set 15 sacks cement plug. Run 10 sacks cement to base of celler. Cut off and weld on cap.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
MHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

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

SIGNED Rex Monahan TITLE Operator DATE June 24, 1974

(This space for Federal or State office use)

APPROVED BY D.V. Kasper TITLE DIRECTOR DATE JUL 1 1974

CONDITIONS OF APPROVAL, IF ANY: _____

X