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GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

RECEIVED

JUL 22 1974

Duplicate for Patented and Federal lands.  
Duplicate for State lands.

COLORADO OIL &amp; 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. IF 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 NENESE 2372 N/SL 330 W/EL At proposed prod. zone		8. FARM OR LEASE NAME Green	
14. PERMIT NO.		9. WELL NO. #44 (formerly Texaco-Green "B" #1)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4182 GR		10. FIELD AND POOL, OR WILDCAT Mt. Hope	
		11. SEC., T., R., 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 27, 1974

M.I.R.U. Ran sand and dumped 5 sacks cement above perforations. Shot at 3,788', came loose, pulled same. Ran heavy mud to bottom of surface casing and set 15 sack cement plug, 166'. Placed a 10 sack cement plug in top of surface. Cut surface casing off below plow depth and welded on cap.

EXHAUSTED  
GAS WELL

DVR	
FJP	✓
HMM	
JAM	✓
JD	✓
GCH	Plot
CGM	

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

SIGNED

TITLE

Operator

DATE

July 18, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

JUL 25 1974

CONDITIONS OF APPROVAL, IF ANY:



00788179