



99999999

# SERVATION COMMISSION TE OF COLORADO

Patented and Federal lands.  
File in triplicate for State lands.

RECEIVED

AUG -3 1970

COLO. OIL

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Rex Monahan

3. ADDRESS OF OPERATOR

Box 1231, Sterling, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface NW NE Sec. 25-7N-53W, Logan County, Colo.

At proposed prod. zone

"D" Sand

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3981 KB

12. COUNTY OR PARISH

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

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☒  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

#### SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

☐  
☐  
☐  
☐

(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.)

Run sand from PBTD to 4370 and dump 5 sacks of cement. Heavy mud to 215' and dump 5 sacks of cement. Heavy mud to 18' and dump 5 sacks of cement. Weld plate on surface casing.



00203919

|     |                                     |
|-----|-------------------------------------|
| DVR |                                     |
| FJP | <input checked="" type="checkbox"/> |
| HHM |                                     |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED

TITLE

Operator

DATE

July 24, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

O &amp; G CONS. DIVISION

DATE

AUG 7 1970

CONDITIONS OF APPROVAL, IF ANY: