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ERVATION COMMISSION NATURAL RESOURCES E OF COLORADO

ntented and Federal lands.
ne in duplicate for State lands.

RECEIVED
MAY 13 1977
COLO. OIL & GAS CONS. COMM.

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 Atwood East Unit | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface c W/2 SE NW | | 8. FARM OR LEASE NAME Atwood East Unit | |
| 14. PERMIT NO. | | 9. WELL NO. #10 (formerly Fiebig #4) | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,981' K.B. | | 10. FIELD AND POOL, OR WILDCAT Atwood East Unit | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-7N-53W | |
| | | 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 type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input 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 4-18-77

Moved unit. Dug deadmen and cellar. Dumped rocks on sand. Dumped 5 sacks cement. Set in floor. Worked pipe to 30". Worked pipe to 33". Ran a shot to 2830'. Pulled pipe, 90 total. Tore out floor. Swedged on surface. Well flowing. Mixed and pumped 25 sacks cement to 150'. Loaded junk rack. Tallied pipe. Dug down and pumped 10 sacks cement to base of cellar. Well on cap.

EXHAUSTED
OIL WELL



00203939

| | |
|-----|--|
| DVR | |
| FJP | |
| HHM | |
| JAM | |
| JJD | |
| GCH | |
| CGM | |

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

SIGNED Rex Monahan TITLE Operator DATE May 12, 1977

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE MAY 16 1977
CONDITIONS OF APPROVAL, IF ANY: