OGCC
Re

00259138

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

RECEIVED
DEC 17 1985
COLO. OIL & GAS CONS. COMM.

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

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.)

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME: Mt. Hope

2. NAME OF OPERATOR: Rex Monahan

8. FARM OR LEASE NAME: Mt. Hope

3. ADDRESS OF OPERATOR: Box 1231, Sterling, Colorado 80751

9. WELL NO.: 21

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: SESESW
At proposed prod. zone:

10. FIELD AND POOL, OR WILDCAT: Mt. Hope

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 19-9N-53W

14. PERMIT NO.

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

12. COUNTY: Logan

13. STATE: Colo.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) status report			
(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.)

* Must be accompanied by a cement verification report.

18. Date of work _____

This is a water injection well.

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

SIGNED _____ TITLE Operator DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY William R Smith TITLE DIRECTOR DATE FEB 10 1986
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: