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AS CONSERVATION COMMISSION
TMENT OF NATURAL RESOURCES
HE STATE OF COLORADO

uplicate 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> W.I.W.		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		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 1650' E/WL 330 S/NL NW/4 Section 19-9N-53W At proposed prod. zone		8. FARM OR LEASE NAME Green	
14. PERMIT NO.		9. WELL NO. W.I.W. #1 (formerly Shell #B-13 Green)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4232 D.F.		10. FIELD AND POOL, OR WILDCAT Mt. Hope	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19-9N-53W	
		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 3, 1974

M.I.R.U. Ran sand and dumped 5 sacks cement above perforations. Shot at 4046' came loose, pulled same. Mud hole to bottom surface and set 15 sacks cement plug, mud to 193', ran 10 sacks cement plug in top of surface casing. Cut off surface casing below plow depth and welded on cap.

EXHAUSTED
OIL WELL

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<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 [Signature] TITLE Operator DATE June 10, 1974

(This space for Federal or State office Use)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 20 1974

CONDITIONS OF APPROVAL, IF ANY:



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