

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

FOR OFFICE USE			
ET	FE	UC	SE

File in duplicate 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 GAS WELL OTHER

2. NAME OF OPERATOR
Rex Monahan

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

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, BT, GR, etc.)
4438



5. LEASE DESIGNATION & SERIAL NO.
Patented

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Adena J Sand Unit

8. FARM OR LEASE NAME
Adena

9. WELL NO.
W.I.W. #45

10. FIELD AND POOL, OR WILDCAT
Adena J

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 32-2N-57W

12. COUNTY
Morgan

13. STATE
Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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) Req. for cont. SI Status <input checked="" 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 type="checkbox"/>
(Other) <input type="checkbox"/>	

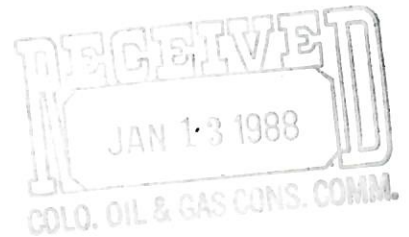
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Approval for a six-month status for this well was originally given January 29, 1987. Since that time, economic conditions have not materially improved; thus, the status and plans for future operations remain unchanged. We request a six-month extension of shut-in status for this well.



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

PRINT _____

SIGNED _____

TITLE _____

Operator

DATE _____

January 12, 1988

(This space for Federal or State office use)

JAN 20 1988

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: