



00418604

OGCC FORM 4

Rev. 1/78

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

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

FOR OFFICE USE			
ET	FE	UC	SE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

## 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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION & SERIAL NO. C-21407
2. NAME OF OPERATOR James L. Ludwick		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 70, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME Cathedral 14-08-0001-16981
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,388' FNL, 606' FEL, Sec. 27, T3S, R101W 6th P.M. At proposed prod. zone		8. FARM OR LEASE NAME Federal
14. PERMIT NO. 80 686		9. WELL NO. H-27-3-101-S
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7,627' GL, 7,638' KB		10. FIELD AND POOL, OR WILDCAT Cathedral
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T3S, R101W, 6th P.M.
		12. COUNTY Rio Blanco
		13. STATE Co.

### 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) Operator Change <input type="checkbox"/>	

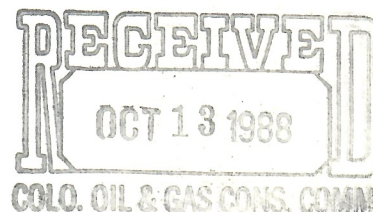
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

THIS WELL WAS PURCHASED FROM MASTER PETROLEUM & DEVELOPMENT CO., INC.  
 EFFECTIVE 8-25-88



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

PRINT JAMES L. LUDWICK

SIGNED James L. Ludwick TITLE owner

DATE 10-7-88

(This space for Federal or State office use)

APPROVED BY William R. Smith

TITLE DIRECTOR

DATE OCT 21 1988

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
 EVERY 6 MONTHS ON SHUT-IN