

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 |



**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"/>  |  | 6. IF INDIAN, ALLOTTEE OR ...   |                 |
| 2. NAME OF OPERATOR<br>Cavanaugh & Cavanaugh  |  | 7. UNIT AGREEMENT NAME  |                 |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 275, Larkspur, CO 80118  |  | 8. FARM OR LEASE NAME<br>High Plains Drifter                                |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface 660 fw1 660 fn1<br>At proposed prod. zone<br>NW NW Sec 11 T19S R45W |  | 9. WELL NO.<br>CGF #2   |                 |
| 14. PERMIT NO.<br>87-247  |  | 10. FIELD AND POOL, OR WILDCAT<br>Cavalry                                   |                 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>GR 3924.5   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 11 T19S R45W 6th PM |                 |
|   |  | 12. COUNTY<br>Kiowa   | 13. STATE<br>CO |

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 type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Change of Operator</u> <input checked="" type="checkbox"/>                                 |  |
| (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.)  
4-1-89

18. Date of work 4-1-89 \* Must be accompanied by a cement verification report

By agreement, North American Gas Corporation will become the Operator of the well. NAGC will file separate Change of Operator notice.

**RECEIVED**

APR 28 1989

COLO. OIL & GAS CONS. COMM

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

PRINT James F. Cavanaugh

SIGNED [Signature] TITLE President DATE 3-17-89

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE MAY 03 1989

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.