

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

SUBMIT ORIGINAL AND 1 COPY

PLUGGED BY COGCC -
BOND CLAIM & ERF



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.)

<input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5 FEDERAL INDIAN OR STATE LEASE NO. <u> </u>
7 NAME OF OPERATOR <u>CAVANAUGH & CAVANAUGH</u>		6 PERMIT NO. <u>87 247</u>
8 ADDRESS OF OPERATOR		7 API NO. <u>061-6484</u>
CITY _____	STATE _____	8 WELL NAME <u>HIGH PLAINS DRIFTER</u>
ZIP CODE _____		9 WELL NUMBER <u># 2</u>
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 _____		10 FIELD OR WILDCAT _____
12 COUNTY <u>KIOWA</u>		11 QTR. QTR. SEC., T.R. AND MERIDIAN <u>NW NW 11 19S 45W</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER _____

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER _____

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK 9-24-96

14201

TBG PARTS - COULD NOT SET CIBP IN CMTD CSG

① PERF AT 3603' & PUMP 40 SKS CMT

② PERF AT 1250' & PUMP 100 SKS CMT - ON VACUUM
PUMP EXTRA 50 SKS CMT - ON VACUUM
PUMP EXTRA 100 SKS CMT - NELD

③ PERF AT 370' & PUMP 40 SKS CMT

④ 10 SKS CMT TOP

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

SIGNED _____ TELEPHONE NO. _____

NAME (PRINT) _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED COGCC TITLE _____ DATE 10/15/96

CONDITIONS OF APPROVAL, IF ANY.