



02433703

OGCC FORM 4  
Rev. 1/78STATE 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR JAMES F. CAVANAUGH <i>J. Cavanaugh</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 275, Larkspur, Co. 80118		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL 660' FNL At proposed prod. zone NW NW Sec. 11 T19S R 45W.		8. FARM OR LEASE NAME HIGH Plains Drifter.	
14. PERMIT NO. 870247		9. WELL NO. CGF #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3924.5		10. FIELD AND POOL, OR WILDCAT Cavalry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 T19S. R45W 6th PM	
		12. COUNTY	13. STATE

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

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

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

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.

Well is temporary shut-in due to change in operator from North American Gas Corp. Anticipate resuming production this month.

*To Magnum*

RECEIVED

JUL 28 1989

COLO. OIL &amp; GAS CONS. COMM.

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

PRINT James F. Cavanaugh

SIGNED *J. Cavanaugh* TITLE President

DATE 07/25/89

(This space for Federal or State office use)

APPROVED BY *D. D. Bicknell* TITLE D. D.

DATE 8/11/89

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.