

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.

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 NORTH AMERICAN GAS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 7222 COMMERCE CENTER DR., #215, COLORADO SPRINGS, CO 80919		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 NWNW S11 T19S R45W		8. FARM OR LEASE NAME CGF	
14. PERMIT NO. 87-247		9. WELL NO. #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	
		12. COUNTY KIOWA	13. STATE 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 checked="" 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 6-1-89

* Must be accompanied by a cement verification report.

By agreement, Cavanaugh & Cavanaugh, Inc. will become Operator of this well. Attached is the Change of Operator Notice OGCC Form 10 filed by Cavanaugh & Cavanaugh, Inc.

BEST IMAGE
AVAILABLE

RECEIVED

MAR 22 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED

TITLE

President

DATE

6-1-89

(This space for Federal or State office use)

APPROVED
C

APPROVAL

NY:

TO

DATE