



STATE 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Cavanaugh & Cavanaugh		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 SE NW Sec. 11-T19S-R45W At proposed prod. zone		8. FARM OR LEASE NAME CGF	
		9. WELL NO. Windsong #4	
		10. FIELD AND POOL, OR WILDCAT Cavalry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-19S-45W-6th PM	
14. PERMIT NO. API 05-061-06496	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 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.)  
3-15-89

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

Well is a dry hole at Miss formations. North American Gas will re-enter and develop up hole gas zones and be new operator.

RECEIVED  
MAR 20 1989  
COLO. OIL & GAS CONS. COM.

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

PRINT Cavanaugh & Cavanaugh

SIGNED *[Signature]* TITLE President DATE 3-14-89

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SUPR. PETROLEUM COM. & OIL & GAS COM.

FEB 0 1 1989