



STATE OF COLORADO
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 CAVANAUGH & CAVANAUGH, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. BOX 231, 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 C. SE $\frac{1}{4}$ NW $\frac{1}{4}$ SEC. 11, T19S-R45W, 6TH P.M. 1980' FNL & At proposed prod. zone 1980' FWL		8. FARM OR LEASE NAME WINDSONG	
14. PERMIT NO. 87-719		9. WELL NO. #4 CGF	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT CAVALRY	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C. SE NW SEC. 11, T19S-R45W, 6TH P.M.	
		12. COUNTY KIOWA	13. STATE COLO.

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) DEEPEN WELL to ARBUCKLE (5500')
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

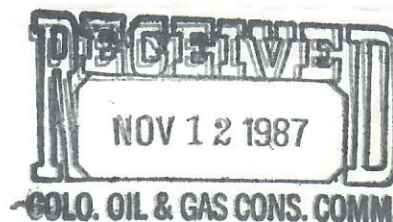
ABANDONMENT*

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.

AS PER TELEPHONE CONVERSATION 11-9-87, WITH JIM MCKEE, REQUEST
REPERMITTING OF WELL AS WILDCAT TO DEEPEN TO ARBUCKLE FORMATION,
TO 5500' TD.



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

PRINT CAVANAUGH & CAVANAUGH, INC.

SIGNED James F. Cavanaugh TITLE President DATE Nov. 10, 1987

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm.

NOV 17 1987

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE