



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 1/4 NW 1/4 SEC. 11, T19S-R45W, 6TH P.M. 1980' FNL & 1980' FWL At proposed prod. zone		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

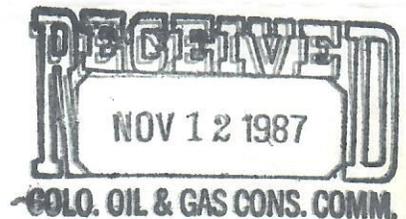
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) <u>DEEPEN WELL to ARBUCKLE (5500')</u>	
(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 _____

* 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 [Signature] TITLE President DATE Nov. 10, 1987

(This space for Federal or State office use) James F. Cavanaugh

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE NOV 17 1987
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: _____