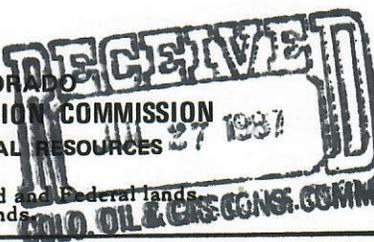


STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



ET B W W W
00572659

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, Colorado 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 SWNW Sec 11, T19S, R45W At proposed prod. zone as above		8. FARM OR LEASE NAME CGF #3 Titillator	
14. PERMIT NO. 87-413		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3932' Gr 3921'		10. FIELD AND POOL, OR WILDCAT Cavalry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWNW Sec 11, T19S, R45W	
		12. COUNTY Kiowa	13. STATE Colorado

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

Will attempt completion on this well in the Mississippian portion of the well as soon as a completion rig is available. All completion work will be done under the supervision of a qualified Petroleum Engineer. Details of the completion operation will be forwarded as soon as they are available.

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

PRINT Lorraine M. Cavanaugh

SIGNED Lorraine M. Cavanaugh TITLE Vice-President DATE July 22, 1987

(This space for Federal or State Office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JUL 26 1987
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: