



GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

RECEIVED

MAR 21 1973

Apply 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 AND SERIAL NO.
2. NAME OF OPERATOR CARDINAL PETROLEUM COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 1077, Billings, Montana 59103		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 SW SE Sec. 16-2N-55W At proposed prod. zone Same		8. FARM OR LEASE NAME State K
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4462' KB	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Zorichak
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.) Date of work Completed July 13, 1972		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16-2N-55W
		12. COUNTY Morgan
		13. STATE Colorado

660fs1
1944fel

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DVR	
FJP	✓
HJM	✓
JAM	✓
JJD	✓

Ex Oil Prodi

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

SIGNED

[Signature]

TITLE

R. D. Orr

Production Superintendent

DATE

March 19, 1973

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DIRECTOR

U. S. & G. COMM. BOARD

DATE

MAR 22 1973

CONDITIONS OF APPROVAL, IF ANY:



00104616