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087-07013

S CONSERVATION COMMISSION  
STATE OF COLORADO

RECEIVED

APR - 6 1967

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

COLO. OIL & GAS CONS.

5. LEASE DESIGNATION AND SERIAL NO.

COMM C-021258-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dry Hole</b>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>Cardinal Petroleum Company</b>		8. FARM OR LEASE NAME <b>Federal-Stagecoach</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 1077 - Billings, Montana</b>		9. WELL NO. <b>2</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>100' North and 245' East of C of NE<math>\frac{1}{4}</math>SE<math>\frac{1}{4}</math> Sec.</b> At proposed prod. zone <b>33-2N-56W; 2080' FSL, 415' FEL</b>		10. FIELD AND POOL, OR WILDCAT <b>Stagecoach Field</b>	
14. PERMIT NO. <b>67 70</b>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4387 GL; 4397 KB</b>	
		12. COUNTY OR PARISH <b>Morgan</b>	13. STATE <b>Colorado</b>

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

Well was plugged and abandoned March 13, 1967 as follows:

30 sacks across the "D" sand from 5170' to 5080'  
15 sacks at bottom of surface casing  
10 sacks at top of surface casing

Surface casing cut below plow depth.

Mud volume from bottom of surface casing to total depth - 10# mud.



00091612

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	
JAM	
JJD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED Ray L. Harrison TITLE Exploration Manager DATE March 28, 1967

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE Director DATE APR 11 1967

CONDITIONS OF APPROVAL, IF ANY:

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