



087-07052
CONSERVATION COMMISSION
STATE OF COLORADO

RECEIVED

AUG 18 1967

99999999

Use for Patented and Federal lands.
true in triplicate for State lands.

COLORADO OIL & GAS CONSERVATION COMMISSION

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"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Cardinal Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1077, Billings, Montana		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 660' FNL and 1980' FEL of Section 6 At proposed prod. zone same		8. FARM OR LEASE NAME Funk
14. PERMIT NO. 67 292		9. WELL NO. B-1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4528 GL; 4533 KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW ¹ / ₄ NE ¹ / ₄ Sec. 6-2N-58W
		12. COUNTY OR PARISH Morgan
		13. STATE Colorado

SCANNED

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input checked="" 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.)

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 August 6, 1967 as follows:

Plug No. 1 - 110' - 15 sacks
Plug No. 2 - 30' - 10 sacks



00092035

DVR	
FJP	<input checked="" type="checkbox"/>
HMM	
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 August 15, 1967

(This space for Federal or State office use)

APPROVED BY Director
CONDITIONS OF APPROVAL, IF ANY:

TITLE Director

DATE AUG 21 1967