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FORM 4



**OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO**

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER 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 Box 1077, Billings, Mont (Permit address: Cardinal, 1135 Petr. Club Bldg., Denver, Colo)		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 2040' FEL & 600' FNL Sec. 2-2N-57W At proposed prod. zone same		8. FARM OR LEASE NAME Huey Lee Lusby
14. PERMIT NO. API 05 087 7231 (72 430)		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4500 Gr., 4503' KB		10. FIELD AND POOL, OR WILDCAT Lee Field
12. COUNTY OR PARISH Morgan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW NE Sec. 2-2N-57W
13. STATE Colorado		

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 checked="" 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 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.)

The above well, drilled to 5625', will be plugged and abandoned in the following manner:

20 sx reg cmt 5510-5410
15 sx reg cmt 130' - 150' into surface casing
10 sx at top

Verbal permission granted.

Work to be performed July 27, 1972

DVR	
FJP	
HHM	
JAM	
JJD	

18. I hereby certify that the foregoing is true and correct		R. D. Orr
SIGNED <u>R. D. Orr</u>	TITLE <u>Prod. Supt.</u>	DATE <u>July 27, 1972</u>
(This space for Federal or State office use)		
APPROVED BY <u>R. D. Orr</u>	TITLE <u>DIRECTOR</u>	DATE <u>NOV 9 1972</u>
CONDITIONS OF APPROVAL, IF ANY:		