



OIL AND GAS CONSERVATION COMMISSION
OF THE STATE OF COLORADO

RECEIVED

JUN 26 1967

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

COLO. OIL & GAS CONSV. COMM.

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 1980' FNL; 1980 FEL of Sec. 7 At proposed prod. zone same		8. FARM OR LEASE NAME Funk "A"	
14. PERMIT NO. 67 210		9. WELL NO. A-1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4515 GL; 4525 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 7-2N-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 June 9, 1967 as follows:

Plug No. 1 - 130-175 - 15 sacks
Plug No. 2 - 0-30 - 10 sacks

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

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

SIGNED Ray L. Harrison

TITLE Exploration Manager

DATE June 22, 1967

(This space for Federal or State office use)

APPROVED BY W. Rogers

TITLE Director

DATE JUN 28 1967

CONDITIONS OF APPROVAL, IF ANY: