

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



00326360

FOR OFFICE USE ONLY			
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## 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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5 FEDERAL INDIAN OR STATE LEASE NO 00950
2 NAME OF OPERATOR E. Doyle Huckabay, Ltd.			6 PERMIT NO Unknown
3 ADDRESS OF OPERATOR P.O. Box 689			7 API NO 05 001 05073
CITY Tyler	STATE TX	ZIP CODE 75710	8 WELL NAME Flader
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 1976' FNL and 661' FNL Sec 9, T3S, R60W At proposed prod zone			9 WELL NUMBER 4
			10 FIELD OR WILDCAT Goodall
12 COUNTY Adams			11 QTR. QTR. SEC., T.R. AND MERIDIAN SW NW Sec 9 T3S R60W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

## 13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION  
COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

## 13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT  
(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -  
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

\*Use Form 3 - Well Completion or Recompletion Report and Log  
for subsequent report of Multiple/Commungled Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED  
(DATE \_\_\_\_\_)  
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED  
(DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK 6-12-95/7-12-95

Pulled rods & tubing. Pumped 25 sacks cement over perfs at 6409'-6428'. Tagged top of cement at 6256'. Cut casing off at 3500'. Pumped 40 sacks cement at 609'. Tagged top of plug at 480'. Pulled tubing to 230'. Pumped 100 sacks cement. Placed 5 sacks cement at 35'. Cut off surface pipe 4' below ground level, welded on cap.

EXHAUSTED  
OIL WELL

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

SIGNED Rodney K. Thomson

TELEPHONE NO. 903/592-3811

NAME (PRINT) Rodney K. Thomson TITLE AgentDATE 08-21-95

(This space for Federal or State office use)

SR. PETROLEUM ENGINEER

O &amp; G Cons. Comm.

APPROVED DK DUCON  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 20 1995