



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



SUBMIT ORIGINAL AND 1 COPY

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
			11 QTR. QTR. SEC., T.R. AND MERIDIAN SW NW Sec 9 T3S R60W
			12 COUNTY Adams



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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commungled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 Agent DATE 08-21-95

(This space for Federal or State office use)
 APPROVED dk Dixon TITLE SR. PETROLEUM ENGINEER DATE OCT 20 1995
 O & G Cons. Comm.