

OIL AND GAS COMMISSION  
DEPARTMENT OF THE STATE OF COLORADO  
00334307

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> D&A		5. LEASE DESIGNATION AND SERIAL NO. State - OG 76/1182S	
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR 1706 Security Life Bldg., Denver, Colorado 80202		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 Sec. 36: 760' FEL, 1805' FSL, T3S - R60W At proposed prod. zone Same		8. FARM OR LEASE NAME State	
14. PERMIT NO. 801138		9. WELL NO. 2-36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5076' Gr.		10. FIELD AND POOL, OR WILDCAT Lone Tree Field	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36: T3S - R60W	
		12. COUNTY Adams	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 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 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.)

Date of work 9-14-80

Well plugged with:  
20 sacks at bottom of surface pipe  
10 sacks at the top of surface pipe.

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

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

SIGNED Michael H. Fisher TITLE Operator Representative DATE 9-19-80  
E. Doyle Huckabay, Ltd.

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 25 1980  
CONDITIONS OF APPROVAL, IF ANY:

X