

API 001 08778
RECEIVED



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

JUN 20 1986

5. LEASE DESIGNATION & SERIAL NO. Fee
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
7. UNIT AGREEMENT NAME -
8. FARM OR LEASE NAME Linnebur
9. WELL NO. 1-21
10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21: T3S-R60W
12. COUNTY Adams
13. STATE Colo.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back. 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
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.
3. ADDRESS OF OPERATOR 1706 Security Life Bldg., Denver, Colorado 80202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Sec. 21: 1980' FWL, 1980' FSL, T3S-R60W At proposed prod. zone Same
14. PERMIT NO. 86-351
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5059' Gr.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS: <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.)

18. Date of work 6-15-86 * Must be accompanied by a cement verification report.

Plugged well with:

25 Sx at bottom of surface pipe
10 Sx at top of surface pipe



19. I hereby certify that the foregoing is true and correct
SIGNED Michael H. Huber TITLE Operator Representative DATE 6-19-86

(This space for Federal or State office use)
APPROVED BY J. A. [Signature] TITLE SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm. DATE JUN 23 1986
CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials in red ink