

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

MAR 2 1977



00416421

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

COLORADO OIL & GAS CONSERVATION COMMISSION

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 GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
E. Doyle Huckabay, Ltd.

3. ADDRESS OF OPERATOR
1706 Security Life Bldg., Denver, Colo. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 200' FWL, 660' FSL of SE/4 Sec. 20
At proposed prod. zone same

14. PERMIT NO. 77 128 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4970' Gr. 4976' K.B.

5. LEASE DESIGNATION AND SERIAL NO. Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Federal Land Bank-Flader Industries

9. WELL NO. 2-20

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20 T3S - R59W

12. COUNTY Adams 13. STATE Colo.

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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

Date of work 2/27/77

Place 15 sx in bottom of surface casing.

Place 10 sx in top of surface casing.

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

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

SIGNED E. Doyle Huckabay TITLE General Partner DATE 3/1/77

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 15 1977
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY: