



00416421

# OIL AND GAS CONSERVATION COMMISSION

## DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

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

RECEIVED  
MAR 2 1977  
COLO. OIL & GAS CONS. COMM.

### 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Wildcat</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>Fee</b>	
2. NAME OF OPERATOR <b>E. Doyle Huckabay, Ltd.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>-</b>	
3. ADDRESS OF OPERATOR <b>1706 Security Life Bldg., Denver, Colo. 80202</b>		7. UNIT AGREEMENT NAME <b>-</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>200' FWL, 660' FSL of SE/4 Sec. 20</b> At proposed prod. zone <b>same</b>		8. FARM OR LEASE NAME <b>Federal Land Bank-Flader Industries</b>	
14. PERMIT NO. <b>77 128</b>		9. WELL NO. <b>2-20</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4970' Gr. 4976' K.B.</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>20 T3S - R59W</b>	
		12. COUNTY <b>Adams</b>	
		13. STATE <b>Colo.</b>	

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

## NOTICE OF INTENTION TO :

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

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## SUBSEQUENT REPORT OF :

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

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(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)

DIRECTOR

O &amp; G CONS. COMM.

APPROVED BY

TITLE

DATE

**MAR 15 1977**

CONDITIONS OF APPROVAL, IF ANY: