



00416428

**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

MAY 18 1976

COLO. LEASE DESIGNATION AND SERIAL NO.

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 Wildcat		Fee 6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		7. UNIT AGREEMENT NAME -	
3. ADDRESS OF OPERATOR 1706 Security Life Bldg., Denver, Colorado 80202		8. FARM OR LEASE NAME Devon-Eason	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4 SE/4 200' E. of Center-Sec. 20 At proposed prod. zone same		9. WELL NO. 1-20	
14. PERMIT NO. 76 310		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4950' Gr. 4956' K.B. X		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20 T3S-R59W	
		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

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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 5/15/76

Place 15 sx in base of surface casing.
Place 10 sx in top of surface casing.

DVR	
FJP	✓
HHM	✓
JAM	✓
JJD	
GCH	
CCM	✓

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

SIGNED

E. Doyle HuckabayTITLE **General Partner**DATE **5/17/76**

(This space for Federal or State office use)

DIRECTOR

APPROVED BY

TITLE

O & G CONS. COMM.

DATE

MAY 20 1976

CONDITIONS OF APPROVAL, IF ANY:

X