



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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat		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. <input checked="" type="checkbox"/>		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:		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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 Huckabay TITLE General Partner DATE 5/17/76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 20 1976  
CONDITIONS OF APPROVAL, IF ANY: D & G CONS. COMM.

X