

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

RECEIVED
MAY 25 1976
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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat	5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 1706 Security Life Bldg. Denver Colorado 80202	7. UNIT AGREEMENT NAME -
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	8. FARM OR LEASE NAME Devon-Eason
14. PERMIT NO. 76 310	9. WELL NO. 1-20
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4950' Gr. 4956' K.B.	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 May 15, 1976

Placed 15 sx in base of surface casing

Placed 10 sx in top of surface casing

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

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

SIGNED E. Doyle Huckabay TITLE General Partner DATE 5/24/76
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 26 1976
CONDITIONS OF APPROVAL, IF ANY:



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COLO. OIL & GAS CONS. COMM.

PLUGGING REPORT

ALLISON DRILLING COMPANY

WELL NAME DEVON EASON 1-20
LOCATION SE-SE Sec 20-35-59W ADAMS
OPERATOR HUCKABY LTD.

THIS WELL WAS FILLED WITH (WT) 10 MUD/

15 SACKS WERE PUT AT THE BOTTOM OF SURFACE PIPE AND

10 SACKS AT THE TOP OF THE SURFACE PIPE, ON 5-15-76
DATE

TO MY KNOWLEDGE NO JUNK WAS LEFT IN THE HOLE. SEE ATTACHED
CEMENT TICKET IF OTHER CEMENT PLUGS WERE USED.

ALLISON DRILLING CO. REP. [Signature]

(SIGNED) TOOLPUSHER

OR

OPERATOR REP. _____ TITLE _____

file