



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

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

MAY 27 1986

**SUNDRY NOTICES AND REPORTS ON OIL, GAS AND GAS CONSERVATION**

(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.)

5. LEASE DESIGNATION & SERIAL NO.	Fee
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	-
7. UNIT AGREEMENT NAME	-
8. FARM OR LEASE NAME	L & L Land Co.
9. WELL NO.	1-22
10. FIELD AND POOL, OR WILDCAT	Noonen Ranch
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA	22: T3S - R59W
12. COUNTY	Adams
13. STATE	Colo.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned
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 660' FSL, 1780' FEL, Sec. 22: T3S - R59W SW/4 SE/4 At proposed prod. zone Same
14. PERMIT NO. 84-486
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5105' KB, 5097' Gr.

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 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) Temporarily Abandoned

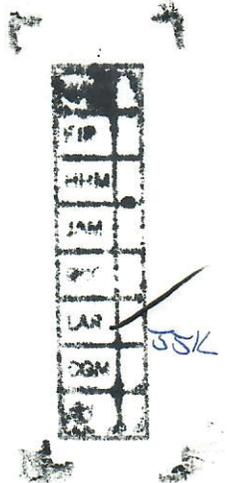
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

We are in the process of testing another well on this lease and will keep you advised of the outcome of this well when our decision is final.



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

SIGNED *Doyle Huckabay* TITLE Secretary DATE 5-23-86

(This space for Federal or State office use)

APPROVED BY *J. A. [Signature]* TITLE SUPR. PETROLEUM ENGINEER DATE MAY 29 1986  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials 'AR' in a triangle