



0041 6459

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

MAY 27 1986

SUNDRY NOTICES AND REPORTS ON WELLS, OIL & GAS CONS. COMM.

(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	13. STATE
Adams	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.) 660' FSL, 1780' FEL, Sec. 22: T3S - R59W At surface 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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL, <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON <input type="checkbox"/> CHANGE PLANS, <input type="checkbox"/>	WATER SHUT-OFF, <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>

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.

WIP	
HRM	
JAM	
QTY	
LAR	
DGM	

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

SIGNED

TITLE

Secretary

DATE _____

5-23-86

(This space for Federal or State office use)

APPROVED BY

TITLE

SUPR. PETROLEUM ENGINEER

Oil & Gas Cons. Comm.

DATE _____

MAY 29 1986

CONDITIONS OF APPROVAL, IF ANY: