

(001-08427)



OGCC FORM 4
Rev. 1/78

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE			
ET	FE	UC	SE

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. Fee	
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
3. ADDRESS OF OPERATOR 1616 Glenarm Place, Ste. 1706, Denver, Colo. 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 660' FSL, 1780' FEL, Sec. 22: T3S - R59W At proposed prod. zone Same as surface		8. FARM OR LEASE NAME L & L Land Co.	
14. PERMIT NO. 84-486		9. WELL NO. 1-22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5097' GR		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 CO

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) _____	

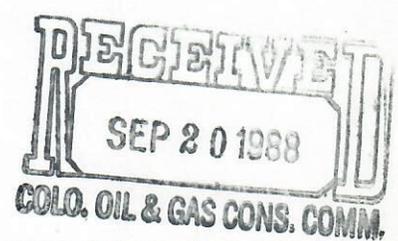
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)
7-11-88

18. Date of work _____ * Must be accompanied by a cement verification report.

Ran sand from 6245' to 6100'. Dumped 5 sx cement on sand.
Loaded hole. Pulled pipe. Pumped 35 sx cement @ 332'. Filled with mud to 25'. Set 5 sx cement to 3' below GR. Welded on cap.

EXHAUSTED
OIL WELL



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

PRINT E. Doyle Huckabay

SIGNED [Signature] TITLE General Partner DATE 9-19-88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE SEP 21 1988

CONDITIONS OF APPROVAL, IF ANY:

