

RECEIVED

MAY 27 1976

OGCC FORM 4



00416414

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

COLO. OIL & GAS CONS. COMM.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Wildcat</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>	
2. NAME OF OPERATOR <u>E. Doyle Huckabay, Ltd.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u>	
3. ADDRESS OF OPERATOR <u>1706 Security Life Building, Denver, Colo. 80202</u>		7. UNIT AGREEMENT NAME <u>-</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SE/4 NW/4 200' W of Center-Sec. 20</u> At proposed prod. zone <u>same</u>		8. FARM OR LEASE NAME <u>Federal Land Bank-Flader Industries</u>	
14. PERMIT NO. <u>76 184</u>		9. WELL NO. <u>1-20</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4931' Gr. 4937' K.B.</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>20 T3S-R59W</u>	
		12. COUNTY <u>Adams</u>	
		13. STATE <u>Colo.</u>	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 type="checkbox"/>
(Other) <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 24, 1976

Place 15 sx in bottom of surface casing

Place 10 sx in top of surface casing

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

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

SIGNED

E. Doyle Huckabay

TITLE

General Partner

DATE 5/25/76

(This space for Federal or State office use)

APPROVED BY

Mc Rogers
 CONDITIONS OF APPROVAL, IF ANY:

TITLE

DIRECTOR
 O & G CONS. COMM.

DATE

JUN 11 1976

X