



00416414

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

RECEIVED
MAY 27 1976

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. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
E. Doyle Huckabay, Ltd.

3. ADDRESS OF OPERATOR
1706 Security Life Building, Denver, Colo. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface SE/4 NW/4 200' W of Center-Sec. 20
At proposed prod. zone same

14. PERMIT NO. 76 184

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4931' Gr. 4937' K.B.

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Federal Land Bank-Flader Industries

9. WELL NO.
1-20

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., E., 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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	
FJP	
HHM	<input checked="" type="checkbox"/>
JAN	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
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 [Signature] TITLE DIRECTOR DATE JUN 11 1976
O & G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

X