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CONSERVATION COMMISSION
NT OF NATURAL RESOURCES
STATE OF COLORADO

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

5. LEASE DESIGNATION AND SERIAL NO. Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME -

7. UNIT AGREEMENT NAME -

8. FARM OR LEASE NAME Funk

9. WELL NO. 1A

10. FIELD AND POOL, OR WILDCAT Lone Tree

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30 T3S - R59W

12. COUNTY Adams 13. STATE Colorado

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 Field

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 SW/4 SE/4 200' NW of Center-Sec. 30
At proposed prod. zone same

14. PERMIT NO. 75 544 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5016' Gr. 5025' K.B.

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) <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 August 1, 1975

Placed 30 sx from 6280' - 6180'

Placed 15 sx at base of surface casing 330' - 285'

Placed 10 sx at top of surface casing 0' - 30'

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



00401722

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

SIGNED E. Doyle Huckabay TITLE General Partner DATE August 8, 1975

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 14 1975

CONDITIONS OF APPROVAL, IF ANY:

X