



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

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 SI Well		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 1706 Security Life Bldg., 1616 Glenarm Pl. DEN, CO		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 Sec. 30: NWSE, T3S - R59W At proposed prod. zone Same		8. FARM OR LEASE NAME Funk	
14. PERMIT NO. 77 715		9. WELL NO. #5 Funk	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5007' Gr - 5013' KB		10. FIELD AND POOL, OR WILDCAT Lone Tree	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NWSE Sec. 30: 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:

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) **SI Well**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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

This well is shut-in for possible use as a
water disposal well.

RECEIVED

APR 17 1989

OIL & GAS CONS. CO.

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

SIGNED

TITLE

General Partner

DATE

4-14-89

(This space for Federal or State office use)

APPROVED BY

TITLE

SUPR. PETROLEUM ENGINEER

DATE

5/3/89

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**