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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER SI			5. FEDERAL, INDIAN OR STATE LEASE NO. Fee
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.			6. PERMIT NO. 77 715
3. ADDRESS OF OPERATOR 1616 Glenarm Pl., Ste. 1706			7. API NO. 05 001 7257
CITY Denver	STATE CO	ZIP CODE 80202	8. WELL NAME Funk
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW SE - Center			9. WELL NUMBER #5
At proposed prod. zone Same			10. FIELD OR WILDCAT Lone Tree
12. COUNTY Adams			11. QTR. QTR. SEC., T.R. AND MERIDIAN NWSE, Sec. 30:T3S-R59W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL
- OTHER _____

13B. SUBSEQUENT REPORT OF:

- FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
 - ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
 - REPAIRED WELL
 - OTHER
- *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN, TEMPORARILY ABANDONED (DATE Aug. 1984 (REQUIRED EVERY 6 MONTHS))
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER _____

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK _____

This well is shut-in and waiting on plugging and abandoning. Will advise.

RECEIVED

MAR 19 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED E. Doyle Huckabay TELEPHONE NO. 534-0763
NAME (PRINT) E. Doyle Huckabay TITLE General Partner DATE 3-16-90

(This space for Federal or State office use)

APPROVED [Signature] TITLE DEPUTY DIRECTOR DATE MAR 20 1990
CONDITIONS OF APPROVAL, IF ANY:

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