

RECEIVED

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

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

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Flader Industries

9. WELL NO.

2

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

Colo.

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 Bldg., Denver, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface NE/4 NE/4 200' SW of Center-Sec. 30

At proposed prod. zone

same

14. PERMIT NO.

76 430

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4989' Gr. 4995' K.B.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

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 June 11, 1976

Place 15 sx in bottom of surface casing.

Place 10 sx in top of surface casing.

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

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

SIGNED

E. Doyle Huckabay

TITLE

General Partner

DATE 6/14/76

(This space for Federal or State office use)

DIRECTOR

O & G CONS. COMM.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

JUN 25 1976

X