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CONSERVATION COMMISSION  
OF NATURAL RESOURCES  
STATE OF COLORADOfor Patented and Federal lands.  
File in triplicate for State lands.

RECEIVED

JUN 16 1976

COLO. OIL &amp; GAS CONS. COMM.

## 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Field		5. LEASE DESIGNATION AND 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., Denver, Colorado 80202		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 NE/4 NE/4 200' SW of Center-Sec. 30 At proposed prod. zone same		8. FARM OR LEASE NAME Flader Industries	
14. PERMIT NO. 76 430		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4989' Gr. 4995' K.B.		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.	

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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 June 11, 1976

Placed 15 sx in bottom of surface casing.

Placed 10 sx in top of surface casing.

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
GCH	
CGM	✓



00401700

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

SIGNED

E. Doyle Huckabay

TITLE

General Partner

DATE

6/15/76

(This space for Federal or State office use)

DIRECTOR

O &amp; G CONS. COMM.

APPROVED BY

M. Rogers

TITLE

DATE

JUN 25 1976

CONDITIONS OF APPROVAL, IF ANY: