

OIL AND GAS CONSERVATION COMMISSION
OF NATURAL RESOURCES
STATE OF COLORADO

RECEIVED
OCT 5 1978



File in triplicate 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. 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 Building, 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 SWSW - 200' NE of Center, Sec: 29, T3S - R59W At proposed prod. zone Same		8. FARM OR LEASE NAME Peterson	
14. PERMIT NO. 78 815		9. WELL NO. 2-29	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4978' Gr. - 4984' KB		10. FIELD AND POOL, OR WILDCAT Lone Tree	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29: T3S - R59W	
		12. COUNTY Adams	13. STATE Colorado

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"/>	(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 10-2-78

Placed 15 sacks at the bottom of surface pipe
10 sacks at the top of surface pipe.

DVR	
FJP	✓
HJM	✓
JAM	✓
JJD	
RLS	✓
CGM	

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

SIGNED E. Doyle Huckabay, Ltd. TITLE General Partner DATE 10-4-78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 6 1978
G & G CONS. COM. L.

CONDITIONS OF APPROVAL, IF ANY:

X