

RECEIVED

APR 26 1974



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

Linnebur

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Lone Tree

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

31 - T3S - R59W

1.

OIL WELL ☐ GAS WELL ☐ OTHER Dry and Abandoned

2. NAME OF OPERATOR

E. Doyle Huckabay, Ltd.

3. ADDRESS OF OPERATOR

904 Denver Center Building
1776 Lincoln, Denver, Colorado 802034. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)At surface 200' W of C^{SWSE} - Sec. 31, T3S, R59W

At proposed prod. zone

Same

14. PERMIT NO.

74-232

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

5048' Gr. 5054' K.B.

12. COUNTY

Adams

13. STATE

Colorado

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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☐
☐

PULL OR ALTER CASING

☐
☐
☒
☐
☐

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

☐
☐
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☐
(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 4-25-74

Fill with mud. 15 sx cement across base of surface
casing. Fill with mud. 10 sx cement on top.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JD	<input checked="" type="checkbox"/>

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

SIGNED

TITLE

Operator

DATE

4-26-74

(This space for Federal or State office use)

DIRECTOR

APPROVED BY

TITLE

DATE

APR 30 1974

CONDITIONS OF APPROVAL, IF ANY: