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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
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

12. COUNTY
Adams

13. STATE
Colorado

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 **Dry and Abandoned**

2. NAME OF OPERATOR
E. Doyle Huckabay, Ltd.

3. ADDRESS OF OPERATOR
**904 Denver Center Building
1776 Lincoln, Denver, Colorado 80203**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **200' W of C^{S.W. SE} - 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.

16. 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 E. Doyle Huckabay TITLE Operator DATE 4-26-74

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE APR 30 1974

CONDITIONS OF APPROVAL, IF ANY: