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MAY 1 1974

GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADO

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

COLORADO OIL & GAS CONSERVATION COMMISSION

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> Dry and Abandoned		7. UNIT AGREEMENT NAME -
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		8. FARM OR LEASE NAME Linnebur
3. ADDRESS OF OPERATOR 904 Denver Center Building 1776 Lincoln, Denver, Colorado 80203		9. WELL NO. #1
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 - Sec. 31, T3S, R59W At proposed prod. zone <i>same</i> <i>550 FS - 2200 FE</i>		10. FIELD AND POOL, OR WILDCAT Lone Tree
14. PERMIT NO. 74-232		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31 - T3S - R59W
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:

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"/>	

(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

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



00401742

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
MHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
LD	<input checked="" type="checkbox"/>

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

SIGNED E. Doyle Huckabay TITLE Operator DATE 4-30-74

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE MAY 3 1974

CONDITIONS OF APPROVAL, IF ANY: