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GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

00106825

RECEIVED

MAY 1 1974

COLORADO GAS CONSERVATION COMMISSION

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

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 - Sec. 31, T3S, R59W

At proposed prod. zone SWSE

550 FS - 2200 FE

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☒

(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"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
UD	<input checked="" type="checkbox"/>

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

SIGNED

TITLE

Operator

DATE

4-30-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

MAY 3 1974

CONDITIONS OF APPROVAL, IF ANY: