



STATE OF COLORADO  
AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

File in duplicate 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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION & 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 Bldg., Denver, CO 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 Sec. 26, 1980' FNL and 660' FWL, T3S, R59W At proposed prod. zone Same as surface		8. FARM OR LEASE NAME L & L Land Company	
		9. WELL NO. 12-26	
		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T3S, R59W	
14. PERMIT NO. 85-738	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5100' GR	12. COUNTY Adams	13. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

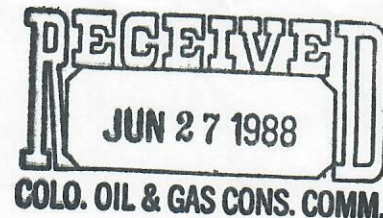
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) <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.)

18. Date of work 07-05-88 \* Must be accompanied by a cement verification report.

Run Sand from 6274-6050. Dump 5 sks cement on top of sand. Fill hole with mud. Cut 5 1/2" casing off at 3500'. Pump 25 sks. cement in & out of 8-5/8" casing set at 386. Set surface plug of 5 sks., cut off casing 4' below surface, weld on plate.



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

SIGNED <u>Nate L. Goodwin</u>	TITLE <u>Agent</u>	DATE <u>06-23-88</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPR. PETROLEUM ENGINEER</u>	DATE <u>JUL 05 1988</u>
CONDITIONS OF APPROVAL, IF ANY:		