

RECEIVED

CC: Colorado Oil & Gas Commission
CC: Marietta OfficeUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

C-19653

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Huey-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

33-2N-56W

14. PERMIT NO.

-

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

4422'GL; 4432'KB

12. COUNTY OR PARISH

Morgan

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

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

2-15-81 ✓

The subject well was drilled to a total depth of 5,328' and tests did not produce commercial quantities of oil or gas. It is proposed, therefore, that the well be abandoned as follows:

- 1) Set a 15 sx cement plug in bottom of surface casing
- 2) Set a 10 sx cement plug in top of surface casing

DVR	
FJP	
HHM	✓
JAM	✓
JJD	✓
RLS	
CGM	

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

SIGNED

Roy White

TITLE Western Operations Manager

DATE March 23, 1981

(This space for Federal or State office use)

APPROVED BY

Roy Rogers

TITLE

DIRECTOR
U & G CONS. COMMA

DATE MAR 27 1981

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side