



00416442

OIL 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.

RECEIVED

JUN 3 1976

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Wildcat</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>	
2. NAME OF OPERATOR <u>E. Doyle Huckabay, Ltd.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u>	
3. ADDRESS OF OPERATOR <u>1706 Security Life Building, Denver, Colo. 80202</u>		7. UNIT AGREEMENT NAME <u>-</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SE/4 NW/4 200' W. of Center-Sec. 21</u> At proposed prod. zone <u>same</u>		8. FARM OR LEASE NAME <u>Amoco-L & L Land Co.</u>	
14. PERMIT NO. <u>76 391</u>		9. WELL NO. <u>1-21</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4982' Gr. 4988' K.B.</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>21 T3S-R59W</u>	
		12. COUNTY <u>Adams</u>	
		13. STATE <u>Colorado</u>	

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 6/2/76

Place 15 sx in bottom of surface casing

Place 10 sx in top of surface casing

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
QSH	
COM	

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

SIGNED

E. Doyle Huckabay

TITLE

General Partner

DATE

6/2/76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DIRECTOR

O & G CONS. COMM.

TITLE

DATE

JUN 18 1976