

(001-87136)

OIL A



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DI 99999999 OF THE STATE OF COLORADO

MAR 15 1977

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

COLO. OIL & GAS CON. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

12. COUNTY

13. STATE

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

2. NAME OF OPERATOR
E. Doyle Huckabay, Ltd.

3. ADDRESS OF OPERATOR
1706 Security Life Bldg., Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1790' FSL 590' FWL
At proposed prod. zone same

14. PERMIT NO. #76-185

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4936 GR 4942 KB

7. UNIT AGREEMENT NAME
Amoco Price

8. FARM OR LEASE NAME
Amoco Price

9. WELL NO.
#1-21

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
NW/4 SW/4 21-3S-59W

12. COUNTY Adams

13. STATE Colo.

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 2-7-77 through 2-22-77

Ran sand to 6080'. Dumped 5 sacks cement to 6038'. Mudded to 250'. Pumped 50 sacks cement out of casing to 100'. Ran mud to 28'. Ran 10 sacks cement to base of cellar.

EXHAUSTED OIL WELL

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
CGM	

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

SIGNED [Signature] TITLE [Signature] DATE 3-12-77

(This space for Federal or State office use)

APPROVED BY [Signature] DIRECTOR COLO. OIL & GAS CON. COMM. TITLE [Signature] DATE MAR 30 1977

CONDITIONS OF APPROVAL, IF ANY:



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