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CONSERVATION COMMISSION
DEPT OF NATURAL RESOURCES
STATE OF COLORADO

RECEIVED

NOV 6 1974

00106937

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

COLO. OIL & GAS CONS.

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> OTHER <input type="checkbox"/> Field Location		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR E. DOYLE HUCKABAY, LTD.		8. FARM OR LEASE NAME Funk	
3. ADDRESS OF OPERATOR 904 Denver Center Bldg. 1776 Lincoln St., Denver, Colorado 80203		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 200' West of C - NE/4 SE/4 At proposed prod. zone same		10. FIELD AND POOL, OR WILDCAT Lone Tree	
14. PERMIT NO. 74-931		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30 - T3S - R59W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON Location <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <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 November 6, 1974

Propose to abandon this location - for the present time at least.

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



00401682

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

SIGNED E. Doyle Huckabay, Ltd. TITLE Operator

DATE 11/6/74

(This space for Federal or State office use)

DIRECTOR

APPROVED BY [Signature] TITLE _____

DATE NOV 7 1974

CONDITIONS OF APPROVAL, IF ANY:

file