

00107091

OGCC FORM  
Rev. 1/7



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STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
NATURAL RESOURCES

ent and Federal lands  
e lands.

RECEIVED  
JUN 1 1987  
COLO. OIL & GAS CONS. COM.



### 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. Fee	
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		6. 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 Center - NE/4 SW/4, Sec. 29 At proposed prod. zone Same		8. FARM OR LEASE NAME Amoco-UPRR-Peterson	
14. PERMIT NO. 05 001 7091		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5022' Gr.		10. FIELD AND POOL, OR WILDCAT Lone Tree	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29: T3S - R59W	
		12. COUNTY Adams	13. STATE Colo.

### 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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(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.)

18. Date of work 4-22-87 through 5-13-87 \* Must be accompanied by a cement verification report.

Ran sand from 6216' to 6116'. Dumped 5 sacks cement on sand. Pumped 35 sacks cement from 285' to 210'. Filled with mud to 30'. Set 10 sacks cement to 3' below ground level. Welded on plate.



00401617

EXHAUSTED OIL WELL

FOR OFFICE USE

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19. I hereby certify that the foregoing is true and correct.  
SIGNED Michael H. Baker TITLE Operator Representative DATE 5-28-87

(This space for Federal or State office use)  
APPROVED BY William R. Smith TITLE DIRECTOR O & G Cons. Comm. DATE JUN 04 1987  
CONDITIONS OF APPROVAL, IF ANY:

