

RECEIVED

OGCC FORM  
Rev. 1/78STATE OF COLORADO  
CONSERVATION COMMISSION  
OF NATURAL RESOURCES

00401553

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

C AUG 27 1985

5. LEASE DESCRIPTION & SERIAL NO.  
Fee

6. IF 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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco

9. WELL NO.

43-27

10. FIELD AND POOL, OR WILDCAT

Noonen Ranch

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

27: T3S-R59W

12. COUNTY

Adams

13. STATE

Colorado

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ D & A

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

Sec. 27: 660' FEL, 1940' FSL, T3S - R59W

At proposed prod. zone

Same

NESE

14. PERMIT NO.

05 001 8727

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

5093' Gr.

## 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS:

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

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.)

18. Date of work 8-17-85

\* Must be accompanied by a cement verification report.

Plugging Report25 Sx at bottom of surface pipe  
10 sx at top of surface pipe  
40 sx from 6248' to 6130'

WRS	
FJP	
HHM	
JV	<input checked="" type="checkbox"/>
RCO	<input checked="" type="checkbox"/>
LAC	<input checked="" type="checkbox"/>
CGI	
ED	

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

SIGNED

TITLE

Operator Representative

DATE

8-28-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

AUG 30 1985

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.