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OGCC FORM Rev. 1/78



STATE OF COLORADO CONSERVATION COMMISSION OF NATURAL RESOURCES

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

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 Noonan Ranch

11. SEC., T., R., M., OR BLK AND SURVEY OR AREA 27: T3S-R59W

1. OIL WELL [ ] GAS WELL [XX] 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

14. PERMIT NO. 05 001 8727

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5093' Gr.

12. COUNTY Adams

13. STATE Colorado

NESE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF [ ] PULL OR ALTER CASING [ ] FRACTURE TREAT [ ] MULTIPLE COMPLETE [ ] SHOOT OR ACIDIZE [ ] ABANDON [ ] REPAIR WELL [ ] CHANGE PLANS [ ] (Other) [ ]

WATER SHUT-OFF [ ] REPAIRING WELL [ ] FRACTURE TREATMENT [ ] ALTERING CASING [ ] SHOOTING OR ACIDIZING [ ] ABANDONMENT\* [XX] (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 Report

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

Vertical tracking table with initials: WRS, FJP, HHM, JW, RCC, LAF, CGL, ED

19. I hereby certify that the foregoing is true and correct. SIGNED [Signature] TITLE Operator Representative DATE 8-28-85

(This space for Federal or State office use) APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE AUG 30 1985

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