

RECEIVED

OCT 31 1988

00108727

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



Duplicate for Patented and Federal lands.  
Duplicate for State lands.

COLO. OIL & GAS COM. LEASE DESIGNATION & SERIAL NO.

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 checked="" type="checkbox"/> Dry Hole (Re-Entry)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR E. Doyle Huckabay, Ltd.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 689, Tyler, Texas 75710		8. FARM OR LEASE NAME Amoco	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Section 27: 660' FEL, 1940' FSL, T3S-R59W At proposed prod. zone Same		9. WELL NO. #43-27	
14. PERMIT NO. <del>81-1170</del> 85-1170		10. FIELD AND POOL, OR WILDCAT Noonen Ranch	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5093 Ground		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27: T3S-R59W	
		12. COUNTY Adams	13. STATE CO

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, (Other) <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.)

18. Date of work 07/19-07/25/88 \* Must be accompanied by a cement verification report.

Ran sand from 6283' to 6175' and dumped 5 sacks cement on top of sand. Filled hole w/mud. Shot casing off at 3525' and pulled. Pumped 35 sacks cement in and out base of 9 5/8" casing. Filled hole with mud to 15' and set 5 sacks of cement in top of surface. Welded on cap.



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

SIGNED

*Walter J. Goodwin*

TITLE

Joint Operations Mgr.

DATE

Oct. 27, 1988

(This space for Federal or State office use)

APPROVED BY

*J. A. [Signature]*

TITLE

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

DATE

NOV 29 1988

CONDITIONS OF APPROVAL, IF ANY: