



00080081

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

JUL 30 1964

## NOTICE OF INTENTION TO DRILL

OIL & GAS  
CONSERVATION COMMISSION

## INSTRUCTIONS:

A notice of intention to drill a well shall be filed in duplicate on all Federal and Patented lands, and in triplicate on all State lands. Do not begin operations until approved copy has been received. It is mandatory that the proposed location comply with all rules and regulations of the Commission. Locate well on section grid in proper location, and indicate extent of lease. Unless operations are commenced within 180 days after the date of approval hereof, this approval to drill will become null and void.

Name of Operator D.M. OIL FIELD SPECIALTIES Phone No. \_\_\_\_\_  
Address P. O. BOX 211 City FORT MORGAN State COLORADO

How is liability secured: Well Bond (Attached) ☒; Blanket Bond ☐; Waiver ☐  
(Check one)

*no bond fee needed on re-entry*

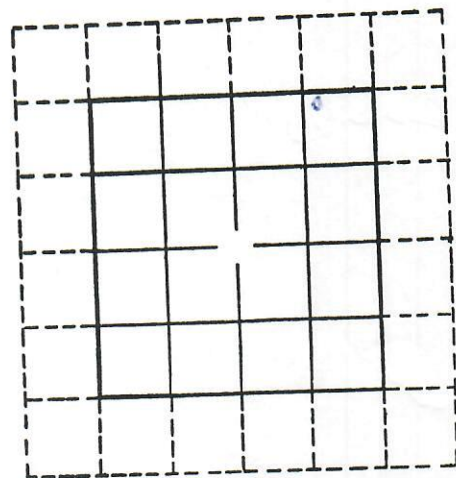
Lease Name HUEY HOLT

Well No. 1

Field Name \_\_\_\_\_ Wildcat ☒

County MORGAN

RE-ENTRY



Location NWNE Section 12 Township 2N Range 57W Meridian \_\_\_\_\_  
(quarter quarter)  
330 feet from N Section line and 990 feet from E Section Line  
N or S E or W

The well is located on: Patented land ☒ State land ☐ Federal land ☐

The well is located within a spaced area: Yes ☐ No ☐

Distance from proposed location to nearest property or lease line \_\_\_\_\_ feet.

Distance from proposed location to nearest drilling unit line \_\_\_\_\_ feet.

Objectives: J Depth 5537; \_\_\_\_\_ Depth \_\_\_\_\_  
Formation Estimate Formation Estimate

Proposed length of surface casing 10 3/4 @ 190' feet.

## REMARKS:

*This well formerly drilled as Deery Oil Co. #1 Clem S. Lee*

*Operator owns SE Sec. 1, T. 2N., R. 57W  
SW Sec. 6 T. 2N. R. 56W  
E 1/2 Sec. 12, T. 2N., R. 57W  
W 1/2 Sec. 7 T. 2N. R. 56W*

DVR	
WRS	
HFM	
JAM	
FJP	
JJD	
FILE	

I/We hereby swear (or affirm) that the statements herein made are a full and correct report.

APPROVED:

Date JUL 31 1964

Director

Company D.M. OIL FIELD SPECIALTIES Date \_\_\_\_\_

Address P. O. BOX 211 Phone No. \_\_\_\_\_  
FORT MORGAN, COLORADO

By B. D. [Signature] Title SECRETARY

Signature

*Re-Entry*