



00054962

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

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

RECEIVED

SEP 29 1972

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.)

5. LEASE DESIGNATION AND SERIAL NO.  
2010-011-8-25-1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
LEE LUSBY

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Lee

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SW/4 NE/4 2 - 2N - 57W

12. COUNTY  
Morgan

13. STATE  
Colorado

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Millard Huey - Allison Drilling Company, Inc.

3. ADDRESS OF OPERATOR  
1275 Sherman Street Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
At proposed prod. zone 1773' FNL  
2087' FEL

14. PERMIT NO.  
72-776

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4481.4 GR

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) _____	
(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.)

Date of work 9/21/72 to 9/27/72  
Drilled to TD DST Logged No Show

P & A

15 Sax bottom of Surface pipe  
10 Sax top of Surface pipe

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	

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

SIGNED J. W. Allison TITLE President DATE 9/28/72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 6 1972  
O & G CON. COMM.

CONDITIONS OF APPROVAL, IF ANY: