



00054962

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOFile 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 2010-011-8-055-1
2. NAME OF OPERATOR Millard Huey - Allison Drilling Company, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1275 Sherman Street Denver, Colorado 80203	7. UNIT AGREEMENT NAME
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	8. FARM OR LEASE NAME LEE LUSBY
14. PERMIT NO. 72-776	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4481.4 GR	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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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.)

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	
HMM	<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)

DIRECTOR

APPROVED BY [Signature] CONDITIONS OF APPROVAL, IF ANY:

TITLE O & G COMS. COMM.

DATE OCT 6 1972