

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.
D-028942A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
COT 21 1985

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.)

COLO. OIL & GAS CONS. COMM.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
907 North Poplar Street, Casper, WY 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2,190' FNL, 2,300' FWL (SE/NW)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8,246' GL

7. UNIT AGREEMENT NAME
McCallum Unit

8. FARM OR LEASE NAME

9. WELL NO.
115

10. FIELD AND POOL, OR WILDCAT
McCallum/Pierre "B"

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 12, T9N, R79W

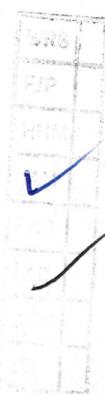
12. COUNTY OR PARISH 13. STATE
Jackson CO

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	Spud date <input checked="" type="checkbox"/>
(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.)*

The subject well was spudded on September 14, 1985. 8 5/8" surface casing is set at 150' and cemented with 120 sacks Class "G" cement.



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE October 16, 1985

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR DATE OCT 24 1985
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

BLM Craig (3)
COGCC (2)
AFE File 3780 (SCE)

