

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



AUG 16 1979

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

COLORADO OIL & GAS CONSERVATION COMMISSION

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 GAS WELL OTHER Water Supply Well

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
907 North Union Blvd., Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 2210' FNL, 220' FWL (SW NW)
At proposed prod. zone

14. PERMIT NO. 74-408

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8195' GR

5. LEASE DESIGNATION AND SERIAL NO.
C-7242005

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Conoco State 16

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
South McCallum - Coalmont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 16, T9N, R78W

12. COUNTY Jackson

13. STATE Colorado

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 checked="" 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) _____	

(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 Upon Approval

The subject well is currently a Coalmont water supply well. It is proposed to acidize this well with 1000 gallons of fluid (3% HF and 12% HCL) in order to increase water production.

Water from this well is being used for a pilot waterflood project in the South McCallum Field.

DEAN	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED T.C. Thompson TITLE Administrative Supervisor DATE August 13, 1979

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 23 1979

CONDITIONS OF APPROVAL, IF ANY:

COGCC(3) File

file