

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

AUG 28 1986

COLO. OIL & GAS CONS. COMM. 2000-S State

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. 2000-S State	
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 907 N. Poplar Casper, Wyoming 82601		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 2,210' FNL, 220' FWL (SW/NW) At proposed prod. zone		8. FARM OR LEASE NAME Conoco State 16	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8,195' GR		10. FIELD AND POOL, OR WILDCAT So. McCallum/Pierre "B"	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 7-30-86

The subject well was plugged and abandoned as follows: 7-30-86

- Pulled rods and pump. Ran 2 7/8" tubing to 584' GL. Pumped 11.2 bbls mud, 4.8 bbls water, 90 sacks Class "G" cement. Displaced with 1/2 bbls water and 1.2 bbls mud.
- Tagged top of cement with wireline in 8 5/8" casing @ 261' GL. Filled casing with mud. Ran 1" pipe to 100' GL. Pumped 35 sacks Class "G" cement, returns to surface.

Set dry hole marker. Surface restoration will be completed by October 1, 1986.

COGCC(3) BLM-Craig(2) File 4024 (SJM)

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

SIGNED *William R. Smith*

TITLE Administrative Supervisor DATE Aug. 25, 1986

(This space for Federal or State office use)

APPROVED BY *William R. Smith*
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
O & G Cons. Comm. DATE SEP 12 1986

Please submit date of plugging

WRS	
GP	
MMH	
JAM	
DOC	
LAR	
COM	
ID	