



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/> | | 7. UNIT AGREEMENT NAME McCallum Unit | |
| 2. NAME OF OPERATOR Continental Oil Company | | 8. FARM OR LEASE NAME McCallum - Pierre | |
| 3. ADDRESS OF OPERATOR 152 North Durbin, Casper, Wyoming 82601 | | 9. WELL NO. 41 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000 FSL, 1710 FEL (SW SE) | | 10. FIELD AND POOL, OR WILDCAT McCallum - Pierre | |
| 14. PERMIT NO. 72-242 | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8160 GR, 8171 KB | |
| | | 12. COUNTY OR PARISH Jackson | |
| | | 13. STATE Colorado | |

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JUL 27 1972

COLO. OIL & GAS COM. COMM.

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) <input type="checkbox"/> | well completion <input checked="" 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.)*

Spudded 5-27-72, drill to TD 799, PBTD 755. Ran IES, FDC and GR with Caliper. Perfs Pierre "B" zone - 662-680' - 4 JSPP. 6-2-72: Swabbed well dry in 30 min. No show of oil. Swabbed 6 hours Rec. 6 BW for an average rate of 1 BWP. No show of oil.
Casing record: 8 5/8" set at 127'; 4 1/2" set at 762'.
Tubing record: 2 3/8" set at 715'.
Log tops:

Pierre "A" 331'
Pierre "B" 656' - gross "B" = 28'.

Well dry but not abandoned. Will retain the hole for possible future use in secondary recovery operations.

| | |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FP | <input checked="" type="checkbox"/> |
| HMM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |

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

SIGNED J. A. Ubben TITLE Administrative Supervisor DATE July 25, 1972

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR DATE JUL 28 1972

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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