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Form 9-331
Dec. 1973

COLO. OIL & GAS CONS. COMM.
Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR

Conoco, Inc.

3. ADDRESS OF OPERATOR

907 Rancho Road, Casper, Wy 82601

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1000' FSL 1710' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-

(other) Temporarily abandoned

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
McCallum Unit

8. FARM OR LEASE NAME
McCallum Unit - Pierre B

9. WELL NO.
41

10. FIELD OR WILDCAT NAME
McCallum

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

12. COUNTY OR PARISH | 13. STATE
Jackson | Colorado

14. API NO.
05-057-0601 6016

15. ELEVATIONS (SHOW DF, KDS, AND WD)
8198' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

WRS	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
COM	
ED	

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.)*

This well was shut-in June 1, 1972 after swabbing 100% water from the Pierre "B" sand. The well should be retained to be used as a possible water injection well.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jane I. Bronnenberg TITLE Adm. Supervisor DATE November 15, 1983

(THIS space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE FEB 15 1984

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.