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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved Budget Bureau No. 8004-10135 Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO. D-28 902A OIL & GAS CONS. COMM.

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 [X] GAS WELL [ ] OTHER [ ]
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR 907 North Poplar, Casper, Wyoming 82601
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.) At surface 1,000' FSL, 1,710' FEL (SW/SE)
14. PERMIT NO. 72-242
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 8,198' GL
7. UNIT AGREEMENT NAME McCallum Unit
8. FARM OR LEASE NAME
9. WELL NO. 41
10. FIELD AND POOL, OR WILDCAT McCallum/Pierre "B"
11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 12, T9N, R79W
12. COUNTY OR PARISH Jackson
15. STATE CO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [ ], FRACTURE TREAT [ ], SHOOT OR ACIDIZE [ ], REPAIR WELL [ ], (Other) [ ]
PULL OR ALTER CASING [ ], MULTIPLE COMPLETE [ ], ABANDON\* [ ], CHANGE PLANS [ ]
SUBSEQUENT REPORT OF: WATER SHUT-OFF [ ], FRACTURE TREATMENT [ ], SHOOTING OR ACIDIZING [ ], (Other) Temporary Abandonment [X]
REPAIRING WELL [ ], ALTERING CASING [ ], ABANDONMENT\* [ ]
(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 is still shut-in due to 100% water production encountered. Conoco wishes to classify this as a temporarily abandoned well. We anticipate that this well will be used as a water supply well for the McCallum Unit/Pierre "B" waterflood expansion.



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE 06/25/85

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 1 2 1985
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

BLM-Craig(3), COGCC(2), SCE

\*See Instructions on Reverse Side