



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

D-28942A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

McCallum Unit

8. Well Name and No.

41

9. API Well No.

10. Field and Pool, or Exploratory Area

McCallum/Pierre "B"

11. County or Parish, State

Jackson, CO

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

851 Werner Court, Casper, WY 82601 (307) 261-7800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1,000' FSL, 1,710' FEL (SW/SE)
Sec. 12, T9N, R79W, 6th P.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection

Extension of shut-in status

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Approval to shut-in the subject well was granted on August 1, 1989.

Conoco requests permission to leave the well shut-in. It is not economical to operate at this time.

**STATUS REPORT REQUIRED
EVERY 2 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**

RECEIVED

AUG 30 1990

OIL & GAS CONS. COMM

BLM-Craig (3), COGCC (2), Well File, Shut-in File

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

Signed Judith D. McDaniel Title Administrative Supervisor

Date 8-9-90

(This space for Federal or State office use)

Approved by _____ Title _____

Date _____

Conditions or approval, if any: