



STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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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.)		5. FEDERAL, INDIAN, OR STATE LEASE NO. D - 28942A
1. <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Injection Well <input type="checkbox"/> Other	2. NAME OF OPERATOR CONOCO INC.	6. PERMIT NO. 72-242
3. ADDRESS OF OPERATOR 10 DESTA DR. STE 100W CITY STATE ZIP CODE MIDLAND TX 79705	7. API NO. 05-057-06016	8. WELL NAME MCCALLUM UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface 550' FSL, 1980' FWL, (SE/SW) 1000 FSL At proposed prod. zone 1710 FEL	9. WELL NUMBER 41	10. FIELD OR WILDCAT McCallum/PIERRE 'B'
	12. COUNTY JACKSON COUNTY, CO	11. QTR QTR, SEC, T., R., AND MERIDIAN Sec. 12, T9N, R79W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED. SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT IN, TEMPORARILY ABANDONED (DATE 7-28-72 (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" type="checkbox"/> OTHER STATUS UPDATE
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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 depth for all markers and zones pertinent.

15. DATE OF WORK _____

Due to the consolidation of the Casper office to the Midland office it was decided that another look at the resivor should be taken prior to plugging this well. This reevaluation should be completed by the end of the year.

RECEIVED

SEP 30 1994

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COLO. OIL & GAS CONS. COMM.

16. I hereby certify that the foregoing is true and correct
SIGNED: Bill R. Keathly TELEPHONE NO. (915) 686-5424
NAME: Bill R. Keathly TITLE: Sr. Regulatory Specialist DATE: 9-27-94

(This space for Federal or State office use)

APPROVED: [Signature] OGCC TITLE: _____ DATE: 10/12/94
CONDITIONS OF APPROVAL, IF ANY: