

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1986

RECEIVED
SEP 17 1985
COLO. 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 GAS WELL OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
907 North Poplar Street, Casper, WY 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2,098' FNL, 115' FWL (SW/NW)

5. LEASE DESIGNATION AND SERIAL NO.
C-0215

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
McCallum Unit

8. FARM OR LEASE NAME

9. WELL NO.
78

10. FIELD AND POOL, OR WILDCAT
McCallum, Dakota-Lakota

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

12. COUNTY OR PARISH
Jackson

13. STATE
CO

14. PERMIT NO.
73-832

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8,140' GR



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) <u>Return to Production</u> <input checked="" type="checkbox"/>	

(Other)

(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 was returned to production on August 28, 1985.

Current Status: Pumping
Current Test: 2 BOPD, 11 BWPD

WKS	
FIP	
MIN	
JAN	
FEB	
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
NOV	
DEC	

18. I hereby certify that the foregoing is true and correct
SIGNED JC Thompson TITLE Administrative Supervisor DATE September 20, 1985

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE OCT 2 1985
O & G Cons. Comm.

BLM-Kremmling (3), COGCC (2), Well File (SCE)

*See Instructions on Reverse Side