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COLO. OIL & GAS CONS. COMM.

Form 9-331
Dec. 1973

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, Wyoming 82601

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1000' FSL 700' FWL
AT TOP PROD. INTERVAL: _____
AT TOTAL DEPTH: _____

5. LEASE
C- 15260

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Conoco Federal 21

9. WELL NO.
2 - Frontier

10. FIELD OR WILDCAT NAME
South McCallum

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T9N, R78W

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

14. API NO.
05-057-0610 6104

15. ELEVATIONS (SHOW DF, KDB, AND WD)
8261' G.L.

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON* <input type="checkbox"/>			<input type="checkbox"/>
(other) Temporarily abandon	<input type="checkbox"/>		<input type="checkbox"/>

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

WRS
FJP
HHW <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.)*

The well was recompleted to the Frontier but tested uneconomic oil production and was shut-in June 16, 1979. The well will be evaluated for Plug and Abandonment.

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



18. I hereby certify that the foregoing is true and correct
SIGNED Jane J. Bronnenberg TITLE Adm. Supervisor DATE 11-29-83

(This space for Federal or State office use)
APPROVED BY William Smith TITLE DIRECTOR DATE FEB 15 1984
O & G Cons. Comm.

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