



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 10/31/85

RECEIVED

SEP 9 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C-0946
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN ALLOTTEE, DISTRICT NAME COLO. OIL & GAS CONS. COMM.
3. ADDRESS OF OPERATOR 907 N. Poplar Casper, Wyoming 82601		7. UNIT AGREEMENT NAME McCallum Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,400' FSL, 300' FWL (NW/SW) Lot 16		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8,091' GR	9. WELL NO. 30
		10. FIELD AND POOL, OR WILDCAT McCallum/Dak-Lak
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T9N, R79W
		12. COUNTY OR PARISH Jackson
		13. STATE Colorado

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 acidized as follows:

Rigged up on 5/23/85 and POOH. Clean out fill to 5,950' and set packer @ 5,797'. Pumped 2,000 gal FE acid, followed by 40 bbl KCl water flush. RIH w/production equipment and place well on production.

Current well status: Pumping

Current test: 28 BOPD, 7 BWPD on 7/85.

WRS
FIP
HRM
JAM
RCC
LAR <input checked="" type="checkbox"/>
CO
ED

18. I hereby certify that the foregoing is true and correct
SIGNED John Thompson TITLE Administrative Supervisor DATE Sept. 3, 1985

(This space for Federal or State office use)
APPROVED BY William Smith TITLE DIRECTOR O & G Cons. Comm. DATE SEP 11 1985

CONDITIONS OF APPROVAL, IF ANY:
BLM-Kremmling (3)
COGCC (2)
Well File SCE

*See Instructions on Reverse Side