



00242945

Form 3160-5  
December 1989

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

C-0946

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
 Conoco Inc.

3. Address and Telephone No.  
 800 Werner Court    Casper, WY 82601-1311    (307) 261-7800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 1,400' FSL, 300' FWL, (NW/SW), Lot 16, Sec. 3, T9N, R79W, 6 P.M.

7. If Unit or CA, Agreement Designation  
 McCallum Unit

8. Well Name and No.  
 McCallum Unit #30

9. API Well No.  
 05-057-05105

10. Field and Pool, or Exploratory Area  
 McCallum/Dak-Lak

11. County or Parish, State  
 Jackson, CO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                   |
|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment             |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion            |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back           |
|   | <input type="checkbox"/> Casing Repair           |
|   | <input type="checkbox"/> Altering Casing         |
|   | <input checked="" type="checkbox"/> Other        |
|   | <input type="checkbox"/> Change of Plans         |
|   | <input type="checkbox"/> New Construction        |
|   | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Water Shut-Off          |
|   | <input type="checkbox"/> Conversion to Injection |

Temporary SI

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

12. 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 shut in January 29, 1992, due to downhole mechanical problems. Uneconomical to return to production.

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

BLM-Craig (3), COGCC (2), WF, VKA, BWG

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

Signed J.C. Thompson Title Administrative Supervisor Date 03/11/92

(This space for Federal or State office use)

Approved by S. Smith Title Sr. Engr. Date 3/31/92

Conditions of approval, if any:  
 \* Report bradenhead pressure

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.