



State of Colorado  
Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY

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**SUNDRY NOTICE**

This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (back of this form).

1. OGCC Operator Number: 63270	4. Contact Name & Phone
2. Name of Operator: Nielson & Associates, Inc.	Kelly Graham
3. Address: P.O. Box 2850	No: (307) 587-2445
City: Cody State: WY Zip: 82414	Fax: (307) 527-4943
5. API Number: 05- 057-05105	6. OGCC Lease No: 13557
7. Well Name: McCallum/Dak-Lak	Number: 30
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/SW, Lot 16, Sec. 3, T9N, R79W, 6thP	
9. County: Jackson	10. Field Name: McCallum
11. Federal, Indian or State lease number: C-0946	

**Complete the Attachment Checklist**

	Oper	OGCC
Survey Plat		
Directional Survey		
Surface Equipment Diagram		
Technical Information Page		
Other		

12. **General Notice**

Change well name from \_\_\_\_\_ to \_\_\_\_\_ Effective Date: \_\_\_\_\_

Change of location from \_\_\_\_\_  
Attach new survey plat. to \_\_\_\_\_

Abandoned Location. Is site ready for inspection?  Yes  No Effective Date: \_\_\_\_\_  
Was location ever built?  Yes  No Permit No: \_\_\_\_\_

Well first shut in or temporarily abandoned 9/17/97  Notice of continued shut-in status.  
Has production equipment been removed from site?  Yes  No  
MIT required if shut in longer than two years. Date of last MIT: \_\_\_\_\_

Well resumed production on \_\_\_\_\_

Request for Confidential Status (6 months).

Final reclamation will commence approximately on \_\_\_\_\_

Final reclamation is completed and site is ready for inspection. *Attach technical page describing final reclamation procedures per Rule 1000c.4.*

Change of Operator (prior to drilling). Effective Date: \_\_\_\_\_ Plugging bond:  Blanket  Individual

Spud Date \_\_\_\_\_

13. **Technical Engineering/Environmental Notice**

Notice of Intent Approximate Start Date: \_\_\_\_\_  Report of Work Done Date Work Completed: \_\_\_\_\_

*Details of work must be described in full on Technical Information Page (Page 2 must be submitted).*

<input type="checkbox"/> Commingle Zones <input type="checkbox"/> Intent to Recomplete (Submit Form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Reservoir Stimulation <input type="checkbox"/> Perforating/Perfs Added Gross Interval Changed? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Convert Well to Injection (in an Approved Secondary Project) <input type="checkbox"/> Additional Source Leases for Water Disposal Well <input type="checkbox"/> Other: _____	<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> New Pit <input type="checkbox"/> Landfarming <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name James A. Williams

Signed *James A. Williams* Title: Chief Operating Officer Date: 9/17/97

OGCC Approved: *[Signature]* Title: \_\_\_\_\_ Date: 9/26/97

CONDITIONS OF APPROVAL, IF ANY: