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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO. D-052629
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME McCallum Unit
8. FARM OR LEASE NAME
9. WELL NO. 27
10. FIELD AND POOL, OR WILDCAT McCallum/Dakota-Lakota
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T9N, R79W
12. COUNTY OR PARISH Jackson
13. STATE Colorado

1. OIL WELL [X] GAS WELL [ ] OTHER [ ]
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR 907 North Poplar Casper, Wyoming 82601
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2,200' FSL, 2,100' FWL (NE/SW)
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8,179' RBM

APR 2 4 1987
COLO. OIL & GAS CONS. COMM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [ ] FRACTURE TREAT [ ] SHOOT OR ACIDIZE [ ] REPAIR WELL [ ] (Other) [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPLETE [ ] ABANDON\* [ ] CHANGE PLANS [ ]
SUBSEQUENT REPORT OF: WATER SHUT-OFF [ ] FRACTURE TREATMENT [ ] SHOOTING OR ACIDIZING [ ] (Other) Shut in [ ]
REPAIRING WELL [ ] ALTERING CASING [ ] ABANDONMENT\* [X]

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 shut in on 4-1-87 as current conditions make it uneconomical to produce at this time. As conditions improve, this well may be returned to production.

Latest Test: 1 BOPD, 2 BWPD (1-1-87)

FOR OFFICE USE ONLY
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[ ]
[ ]
[ ]

BLM-Craig(3) COGCC(2) File (SJM) Shut in File dje

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE 4-14-87

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER Oil & Gas Cons. Comm. DATE APR 27 1987

\*See Instructions on Reverse Side

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