

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 August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

D-028963

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

7. UNIT AGREEMENT NAME

McCallum Unit

8. FARM OR LEASE NAME

9. WELL NO.

125

10. FIELD AND POOL, OR WILDCAT

McCallum-Morrison-Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 3, T9N, R79W

12. COUNTY OR PARISH 13. STATE

Jackson

CO

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

907 North Poplar Street, Casper, WY 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1,600' FSL, 2,500' FEL (NW/SE)



00272499

14. PERMIT NO.

85-1211

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

8,079' GL

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spud date

(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 spudded on November 17, 1985. 8 5/8" surface casing is set at 766' and cemented with 600 sacks Class "G".

WRG	
FJP	
HHM	
K	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED

J. C. Thompson

TITLE

Administrative Supervisor

DATE

11/27/85

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

DATE

DEC 6 1985

CONDITIONS OF APPROVAL, IF ANY:

BLM-Craig (3)

COGCC (2)

APE File 3921 (SCE)

*See Instructions on Reverse Side