

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED
MAR 12 1986
BLM OIL & GAS CONS. COMM.

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 GAS WELL OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
907 N. 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
1,600' FSL, 2,500' FEL (NW/SE)

14. PERMIT NO.
85-1211

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8,079' GR



5. LEASE DESIGNATION AND SERIAL NO.
D-028963

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Date of First Production <input checked="" 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 drilling well began producing on February 28, 1986, testing 10 BOPD, 160 MCFD and 100 BWPD.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE March 6, 1986

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE P. E. DATE MAR 27 1986

CONDITIONS OF APPROVAL, IF ANY:
BLM-Craig(3) COGCC(2) File 3921 (SJM)

*See Instructions on Reverse Side