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Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
152 N. Durbin Street, Casper, Wyoming 82601

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2262' FSL, 1670' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Progress Report</u>	

5. LEASE
028961-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
McCallum Unit

8. FARM OR LEASE NAME

9. WELL NO.
56

10. FIELD OR WILDCAT NAME
McCallum-Pierre

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 2, T9N, R79W

12. COUNTY OR PARISH
Jackson

13. STATE
Colorado

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
8202' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Surface pipe was set July 11, 1972, at which time drilling operations were suspended. We wish to retain the well in this status pending further engineering and geological evaluation.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	
CBM	

USGS(4) ~~COGCC(2)~~ FILE(2)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED J.C. Thompson TITLE Admin. Supervisor DATE October 26, 1978

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE NOV 3 1978

CONDITIONS OF APPROVAL, IF ANY:

file