

RECEIVED

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

Form 3160-5
November 1984
Formerly 9-



UNITED STATES
OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other copies to be submitted on reverse side)

AUG 28 1986

BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.
D-028961

COAL 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME McCallum	
2. NAME OF OPERATOR Conoco Inc.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 907 N. Poplar Casper, Wyoming 82601		9. WELL NO. 56	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2,261' FNL, 1,670' FEL (SW/NE)		10. FIELD AND POOL, OR WILDCAT McCallum/Pierre "B"	
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T9N, R79W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8,202' GR		12. COUNTY OR PARISH 13. STATE Jackson 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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 well was plugged and abandoned as follows: *on 7/30/86 per phone Dennis B*

- Ran 1" pipe in 8 5/8" casing. Tagged bottom @ 24'. Pumped 8 sacks Class "G" cement, returns to surface.

Set dry hole marker. Surface restoration will be completed by October 1, 1986.

WRS	
REP	
INH	
W	<input checked="" type="checkbox"/>
MOU	
LAR	<input checked="" type="checkbox"/>
GBM	
ED	

TW

BLM-Craig(3) COGCC(2) File (SJM)

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

SIGNED *O. Thompson* TITLE Administrative Supervisor DATE Aug. 22, 1986

(This space for Federal or State office use)

APPROVED BY *J. A. [Signature]* TITLE SUPR. PETROLEUM ENGINEER DATE SEP 17 1986

CONDITIONS OF APPROVAL, IF ANY:

** Please submit date of plugging*

**See Instructions on Reverse Side*

AR