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Formerly 9-331)

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, 1985/86



5. LEASE DESIGNATION AND SERIAL NO. D-028963 & 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 [X] 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 482' FNL & 1,000' FWL, NW/NW
7. UNIT AGREEMENT NAME McCallum Unit
8. FARM OR LEASE NAME
9. WELL NO. 54
10. FIELD AND POOL, OR WILDCAT 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

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

Drilling operations were suspended in July, 1972, after surface casing was set. Conoco wishes to retain the well in this status pending further engineering and geological evaluation.

BLM,Craig(3) COGCC(2) SCE File

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE July 23, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 8 1985
CONDITIONS OF APPROVAL, IF ANY: Colo. O & G Cons. Comm.

*See Instructions on Reverse Side

Table with 2 columns and 10 rows, containing checkmarks in the right column.

