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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2101

FOR OGCC USE ONLY

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APR 25 2005

COGCC

Complete the Attachment Checklist

OP OGCC



Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b).

| | | | |
|--|-----------------------------------|-----------------------|--|
| 1. OGCC Operator Number: 63270 | 4. Contact Name Terry R. Ziehl | | |
| 2. Name of Operator: Nielson & Associates, Inc. | Phone: (307) 527-2872 | | |
| 3. Address: P.O. Box 2850 | Fax: (307) 527-4943 | | |
| City: Cody State: WY Zip: 82414 | | | |
| 5. API Number 05-057-06417 | 6. OGCC Facility ID Number | Survey Plat | |
| 7. Facility Name: McCallum Unit #2-2N | Operator's Facility Number | Directional Survey | |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE SW Sec 2, 9N, 79W 6th PM | | Surface Eqmpt Diagram | |
| 9. County: Jackson | 10. Field Name: McCallum | Technical Info Page | |
| 11. Federal, Indian or State Lease Number: COD-028963 | | Other | |

General Notice

CHANGE OF LOCATION: Attach New Survey Plat

Change of Surface Location from (QtrQtr, Sec, Twp, Rge, Mer): _____

Change of Surface Location from Exterior Section Lines: _____

Change of Surface Location to (QtrQtr, Sec, Twp, Rge, Mer): _____

Change of Surface Location to Exterior Section Lines: _____

Change of Bottomhole location should be noted on the Technical Information Page 2 of this form and deviated drilling plan should be submitted.

Ground Elevation: _____ Is location in a high density area (Rule 603b?) Yes No

Distance to nearest Property Line: _____ Distance to nearest Lease Line: _____

Distance to nearest Building, Public Rd, above ground utility or railroad: _____

Has Surface Owner consultation taken place? Yes No

CHANGE OF OPERATOR (prior to drilling):

Effective Date: _____

Plugging Bond: Blanket Individual

CHANGE WELL NAME AND NUMBER:

From: _____

To: _____

Effective Date: _____

ABANDONED LOCATION:

Was location ever built? Yes No

Is site ready for inspection? Yes No

Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS

Date well shut in or temporarily abandoned: _____

Has Production Equipment been removed from site? Yes No

MIT required if shut in longer than two years. Date of last MIT: _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from completion date)

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: _____

Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

| | | |
|---|--|---|
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Reservoir Stimulation | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> New Pit |
| <input type="checkbox"/> Perforating/Perfs Added | <input type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> Landfarming |
| Gross Interval Changed? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Terry R. Ziehl Date: 04/22/2005

Print Name: Terry R. Ziehl Title: Engineering Technician

OGCC Approved: Brian J. Masterson Title: _____ Date: 5/3/05

CONDITIONS OF APPROVAL, IF ANY: