



FOR OGCC USE ONLY

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JAN 05 2001

OIL & GAS COMMISSION  
Complete the  
Attachment Checklist

**COMPLETED INTERVAL REPORT**

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 308. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

<b>1. OGCC Operator Number:</b> 63270 <b>2. Operator:</b> Nielson & Associates, Inc. <b>3. Address:</b> P.O. Box 2850 City: Cody State: WY Zip: 82414	<b>4. Contact Name &amp; Phone</b> Terry R. Ziehl No.: (303) 587-2445 ext 15 Fax: (303) 527-4943	Wellbore Diagram		
<b>5. API Number:</b> 05-057-06383-00 <b>6. County:</b> Jackson <b>7. Well Name:</b> McCallum Unit <b>Well Number:</b> 147 <b>8. Location (Qtr,Qtr,Sec,Twp,Rng,Meridian):</b> SE SE Sec 2-T9N-R79W 6th PM		Site Facility Diagram		

<b>FORMATION:</b> Pierre 'B'	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 123' KB	Bottom: 135' KB	No. Holes: 4 spf	Size: 22 gram	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:  
No treatment performed.

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method: Test Separator	Casing Pressure: NA	Flowing Tubing Pressure: NA	Choke Size: NA	
API Gravity Oil: NA	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: NA	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:
Calculated 24 Hr. Rate	Bbls Oil: #DIV/0!	MCF Gas: #DIV/0!	Bbls H2O: #DIV/0!	GOR: #DIV/0!

Production Method:  
**Rod Pumping**

Tubing size: 2-3/8"	Setting Depth: 158' KB	Packer Depth: NA
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Reason for Non-Production:  
**Produced for 3 days, but only water. Well was SI, and while SI, the well froze up and remains that way. Will send test information when available.**

Abandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		

<b>FORMATION:</b>	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom:	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil:	<input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:

Production Method:

Tubing size:	Setting Depth:	Packer Depth:
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Reason for Non-Production:

Abandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		

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

Print Name Terry R. Ziehl

Signed *Terry R. Ziehl* Title: Engineering Technician Date: 1/4/01