

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Conoco Inc.**

3. ADDRESS OF OPERATOR  
**851 Werner Court, Casper, WY 82601-1311**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1,980' FNL, 660' FEL (SE/NE)**

14. PERMIT NO. **05-057-05084**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**8,144' GL**



5. LEASE DESIGNATION AND SERIAL NO.  
**C-01371**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
**McCallum Unit**

8. FARM OR LEASE NAME

9. WELL NO.  
**22**

10. FIELD AND POOL OR WILDCAT  
**McCallum/Dakota-Lakota**

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  
**Sec. 10, T9N, R79W  
6th P.M.**

12. COUNTY OR PARISH | 13. STATE  
**Jackson | CO**

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> <b>Extension of Shut-in Status</b>	

(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.)\*

Approval to continue the shut-in status of the well was granted on 8-3-88. Due to the currently depressed oil market, the well cannot operate economically. Conoco wishes to renew the shut-in status of the well at this time.

RECEIVED

JUL 19 1989

COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE ONLY  
E\*  
FF  
SR  
SD

BLM-Craig (3), COGCC (2), Well File, Shut-in File

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

SIGNED *David J. Long* TITLE Administrative Supervisor DATE 7-12-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

\*See Instructions on Reverse Side