

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990



SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

D-028961

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

McCallum Unit

8. Well Name and No.

McCallum No. 126

9. API Well No.

05-057-06356

10. Field and Pool, or Exploratory Area

McCallum/Pierre "B"

11. County or Parish, State

Jackson, CO

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

851 Werner Court, Casper, WY 82601 (307) 261-7800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

167' FSL, 67' FWL, (SW/SW),
Section 1, T9N, R79W, 6th P.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection

Spud Date

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

This well was spud on 10/10/90 at 1415 hours. The rig is the Barnhart No. 6. The 8-5/8", 24#/ft. K-55 surface casing was set at 176' and cemented with 110 sacks of Class "G" cement.

RECEIVED

OCT 18 1990

COLO. OIL & GAS CONS. COMM

BLM-CRAIG(3); COGCC(2); AFE 4773; RRG;

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

Signed [Signature]

Title Administrative Supervisor

Date 10/15/90

(This space for Federal or State office use)

Approved by [Signature]

Title Sr. Engr.

Date 10/30/90

Conditions of approval, if any:

I hereby certify that the foregoing is true and correct, and I willfully make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within my jurisdiction.