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Form 9-331
Dec. 1973

COLO. OIL & GAS CONS. COMM.

Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Conoco, Inc.

3. ADDRESS OF OPERATOR
907 Rancho Road, Casper, WY 82601

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2350' FSL 500' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
McCallum Unit

8. FARM OR LEASE NAME
McCallum Unit Dakota-Lakota

9. WELL NO.
32

10. FIELD OR WILDCAT NAME
McCallum

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T9N, R79W

12. COUNTY OR PARISH | 13. STATE
Jackson | Colorado

14. API NO.

15. ELEVATIONS (SHOW DF, KDS, AND WD)
8109' G.L.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| | |
|---|--------------------------|
| REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Temporarily abandoned</u> | |



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

| | |
|-----|-------------------------------------|
| WRS | |
| FJP | |
| HHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| RCC | |
| LAR | <input checked="" type="checkbox"/> |
| COM | |
| ED | |

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.)*

This well was shut in December 1, 1973 due to a casing leak. The well will remain shut in awaiting a CO₂ market, at which time remedial work to repair the casing leak will be done.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED Jane D. Bonner TITLE Adm. Supervisor DATE November 15, 1983

(This space for Federal or State office use)
APPROVED BY William Schmidt TITLE DIRECTOR DATE FEB 15 1984
CONDITIONS OF APPROVAL IF ANY: O & G Cons. Comm.