02528913

Operator: Nielson & Associates, Inc.
Address: P.O. Box 2850
Cody, Wyoming 82414
Terry Ziehl

State of Colorado
OIL AND GAS CONSERVATION COMMISSION
Department of Natural Resources
1120 Lincoln Street, Suite 801
Denver, Colorado 80203
Tel: 303.894.2100
Fax: 303.894.2109

If this well is producing from both the FSND and Niobrara, please enter them separately on Production Reports. They cannot be commingled. Thank you, Diana

TODAY'S DATE: Sept. 20, 2002

RE: Well Name: McCallum #155

Location: NWSW 8 9N-78W

API#: 05 - 057 - 06387

Dear Operator of Record:

Upon review of subject well file(s) we still require the following information:

FORM 4 SUNDRY NOTICE - Rule 307.

____Change of Location (confirm both new AND old footages from section line and provide new survey plat). Rule 303f and COGCC policy considers a change of ¼ ¼ to be substantive, requiring a new Permit.
____Abandoned Location (indicate well never drilled and surface restored). Rule 307.
____Status Update REQUIRED EVERY 12 MONTHS on all Shut-In, Temporarily Abandoned and Waiting on Completion wells. Rule 319b.
____Date Shut-In or Production Resumed. Rule 319.
____Change of Well Name/Number

RECEIVED
SEP 23 2002
Nielson & Assoc.

FORM 5/5A COMPLETION REPORTS - Rule 308. Form 5 Required on ALL wells drilled.

____Complete Form 5 (Log tops must be on form, not attached)
X Complete Form 5A or item(s) #: ___, ___, ___, ___, ___, ___.
____Complete the following item(s) on Form 5: #___, #___, #___, #___.
____Recompletion or Commingled Data on Form 5A for _____ formation. Submit information on the formations whose status changed only.

FORM 6 WELL ABANDONMENT REPORT - Rule 311. Required for filing of intent or subsequent report of abandonment.

____Final Plugging and Abandonment, attach verification of all plugs set.
____Plug Verification for: _____ All plugs or _____

FORM 10 CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR - Rule 312.
All blanks must be completely filled in regardless of reason this form is submitted.
X Complete form (due within 30 days after initial sale of gas or oil production).
____CHANGE OF OPERATOR (must be signed by new operator)
____Oil Transporter/purchaser change
____Gas Gatherer/purchase change
____New Form for Recompleted or Commingled Formation _____

FORM 21 MECHANICAL INTEGRITY TEST - Rule 316b.
____A Mechanical Integrity Test is required within two (2) years of Shut-In Date. Please contact Area Engineer, _____, at phone # _____, to schedule MIT for this well.

MISCELLANEOUS
____One complete wet of Wireline electric logs (or _____ log only). Rule 308.

____Other: _____

____**PERMIT EXPIRED ON** _____. Submit the following applicable data:
(1) If Total Depth reached: Form 5, Form 5A and 10 (if producing) and one set of all logs run
(2) If plugged: Form 6, Form 5, one set of all logs run and Plug Verification (Third Party Job Log)
(3) If never drilled: Form 4 stating "Abandoned Location and Surface Restored"

_____

_____

_____

If you have questions regarding this notice contact: Diana Fairlamb Ext. 130
(please print)

PLEASE RETURN THIS NOTICE WITH YOUR RESPONSE BY October 20, 2002

For COGCC Use Only: DATE RESOLVED: _____ By: _____

Rev. 8/2000