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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Federal Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Consolidated Oil & Gas, Inc.	8. Farm or Lease Name Tribal- C
3. Address of Operator P.O. Box 2038 Farmington, New Mexico 87401	9. Well No. # 4
4. Location of Well UNIT LETTER P 1190 FEET FROM THE South LINE AND 820 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 26 N RANGE 3 W NMPM.	10. Field and Pool, or Wildcat Basin D.K.
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

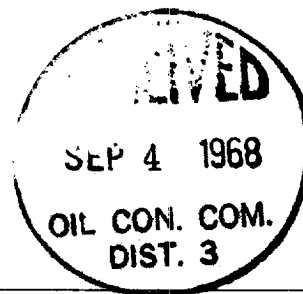
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pulled both strings of tubing, Redressed packer replaced bad joint with hole in D.K. string @ approx. 3975'. Nipped up well head & turned both zones on line. After 18 hrs S.I. D.K. tubing had 1025 # P.C. tubing 340# casing 350#. Will schedule for packer test as soon as possible.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Chyle Phillips</u>	TITLE <u>Production Superintendent</u>	DATE <u>9-3-68</u>
APPROVED BY <u>Emmy C. Ames</u>	TITLE <u>SUPERVISOR DIST. #3</u>	DATE <u>SEP 4 - 1968</u>
CONDITIONS OF APPROVAL, IF ANY:		