

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

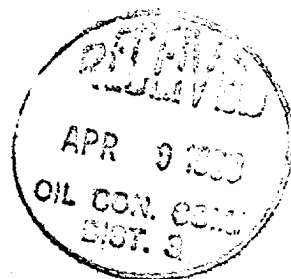
| | | |
|--|--|--|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. |
| 2. NAME OF OPERATOR CONSOLIDATED OIL & GAS | | 6. INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE |
| 3. ADDRESS OF OPERATOR P.O. BOX 2038, FARMINGTON, N. M. | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FRL & 990' FRL (NW & NNE) Section 5, Township 26, North Range 3 West | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 6 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7200 G.L. | | 10. FIELD AND POOL, OR WILDCAT |
| | | 11. SEC. T., R., S., GABLE AND SURVEY OR AREA Sec. 5, 26 N., 3 W. |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE N. Mex. |

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 type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (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.)*

Pulled both strings of tubing. Set model K^u cement retainer, squeezed 50 lbs
Class A cement in D.K. perf 8276-8476. Maximum squeeze pres. 1200#. Ran
P.C. tubing back in hole. The D.K. zone is now abandoned.



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

SIGNED Clyde Phillips TITLE Prod. Supt. DATE 4-7-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE CL DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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