

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. <b>Contract #97</b>
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Apache</b>
2. NAME OF OPERATOR <b>Consolidated Oil &amp; Gas, Inc.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>1860 Lincoln St., Denver, Colorado 80295</b>		8. FARM OR LEASE NAME <b>Tribal "C"</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1550' FSL &amp; 1550' FEL</b>		9. WELL NO. <b>3-A</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Blanco Mesa Verde</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>7143'</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 6, T26N, R3W NMPM</b>
12. COUNTY OR PARISH <b>Rio Arriba</b>		13. STATE <b>New Mex.</b>

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) <u>Case &amp; Cement</u> <input checked="" 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.)\*

12-19-77: Drill 8 3/4" hole to 4180' K.B. - Ran 4168' 7" 23# K-55 ST&C Rge 3 casing & set @ 4180' K.B. - Dowell cemented w/150 sx 65/35 poz w/12% gel & 1/4# Celloflake/sk & 100 sx Cl "B" w/2% CaCl<sub>2</sub> & 1/2# Celloflake/sx. Good circ - Plug down @ 5:00 p.m. - WOC 12 hrs.

12-20-77: Test casing to 1000 psi - 1/2 hr. - O.K. - Top cement by Temp. survey 3200'.

12-23-77: Air drill 6 1/2" hole to 6310' K.B. - Ran logs - Ran 4 1/2" 10.5# K-55 ST&C liner & set @ 6165' K.B. - Top liner 3924' K.B. - Cemented w/300 sx.

12-24-77 50-50 poz w/10# Gilsonite/sk w/4% gel & 0.4% FLA - Plug 8:45 a.m. 12-24-77 Set Pack-off & reverse out - Release Rig.

Waiting on Completion Unit



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

SIGNED *[Signature]* TITLE Sr. Drlg. Engr. DATE 12-28-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: