

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract 119	
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, New Mexico 87409		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 1785' FNL & 837' FWL		8. FARM OR LEASE NAME HOYT	
14. PERMIT NO. API # 30-039-22101		9. WELL NO. 1E	
15. ELEVATIONS (Show whether BP, TP, GR, etc.) 7243' GR		10. FIELD AND POOL, OR WILDCAT B.S. Mesa Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5, T26N, R4W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

It is our intent to enter the Hoyt 1E well and complete the Gallup zone as follows:

1. Kill Dakota, install BOP, TOH w/ tubing. Set retr BP @ 7800'±.
2. Pr test & spot 5 gal sand on bridge plug.
3. Perf Gallup from Cmt Bond Log w/ 1 shot/4', .38" dia, 7740-7708' (9 perfs). Break down w/ 1% KCl wtr & SD to obtain ISIP. Pump down csg w/ 500 gal 7-1/2% HCl w/ 14 balls spaced evenly in acid. Displace w/ 1% KCl.
4. Run junk basket & clear perfs.
5. Frac down csg w/ 30# gel containing 1% KCl & 1 gal surfactant/1000 gal wtr. Total 1% KCl wtr 700 bbl, total 1,429 bbl 30# gel wtr, 50,000# 20-40 sand.
6. Set retr BP @ 7680'±. Pr test to 3100# & spot 5 gal sand on BP.
7. Perf Gallup from Cmt Bond Log w/ 1 shot/4', .38" dia, 7630-7362' (68 perfs). Break down w/ 1% KCl wtr & SD to obtain ISIP. Pump down csg w/ 1000 gal 7-1/2% HCl w/ 102 balls spaced evenly in acid. Displace w/ 1% KCl.
8. Run junk basket & clear perfs.
9. Frac down csg w/ 30# gel containing 1% KCl & 1 gal surfactant/1000 gal wtr. Total 1% KCl wtr 700 bbl, total 2,380 bbl 30# gel wtr, 100,000# 20-40 sand.
10. Retrieve bridge plugs.
11. Run production tubing, swab test & rig down.

Downhole commingling approval by NMOCD required

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

SIGNED Barbara C. Rex TITLE Prod. & Drlg. Technician

DATE 6-1-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

John Miller
MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side