

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Cont. 97	
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 87499		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 1520' FNL & 1235' FWL (SE/NW)(E)		8. FARM OR LEASE NAME TRIBAL C	
14. PERMIT NO.		9. WELL NO. 1E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7025' KB, 7012' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T26N, R3W	
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. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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) "Commence Drilling Op'ns" <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

7-3-84 Spud 15-1/2" surface hole @ 9:00 PM.  
7-4-84 Drilled to 297'. Circ. Ran 7 jts of 10-3/4", 40.5#, K-55, ST&C casing set at 294'KB. Circ. Cmt w/ 413 cu ft Cl"B" w/ 2% CaCl<sub>2</sub> & 1/4# celloflake/sk. Circ 10 bbl cmt. Plug down @ 7:30 AM. WOC 13 hours. Pr tested to 1500 psi, OK. Resumed drilling, hole size 9-7/8".

18. I hereby certify that the foregoing is true and correct  
SIGNED B. A. C. L. E. TITLE Prod. & Drlg. Technician DATE 7-5-84  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*MOC\*  
\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
RV Smw