

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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	5. LEASE DESIGNATION AND SERIAL NO. Jic. Contr. 119
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR PO Box 2038, Farmington, NM 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' FSL & 790' FEL (NE/SE)(I)	8. FARM OR LEASE NAME NORTHWEST
	9. WELL NO. 4E
	10. FIELD AND POOL, OR WILDCAT BS Mesa Gallup ext.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T26N, R4W
14. PERMIT NO. API #30-039-23578	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6835'GR, 6849'KB	13. STATE NM

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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input 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"/>	

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"/>	

(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 complete this well as a Dakota/Gallup dual.  
Attached is a location plat showing the Gallup dedication.

RECEIVED  
JAN 25 1985  
OIL CON. DIV.  
DIST. 3

RECEIVED  
OCT 19 1984  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

SIGNED Lukana C. Lee

TITLE Prod. & Drlg. Technician

DATE 10-17-84

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE OCT 22 1984

/s/ J. Stan McKee

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC

All distances must be from the outer boundaries of the Section.

Operator <b>CONSOLIDATED OIL &amp; GAS, INC.</b>		Lease <b>NORTHWEST</b>		Well No. <b>4E</b>	
Unit Letter <b>I</b>	Section <b>8</b>	Township <b>26 NORTH</b>	Range <b>4 WEST</b>	County <b>RIO ARriba</b>	

Actual Footage Location of Well:

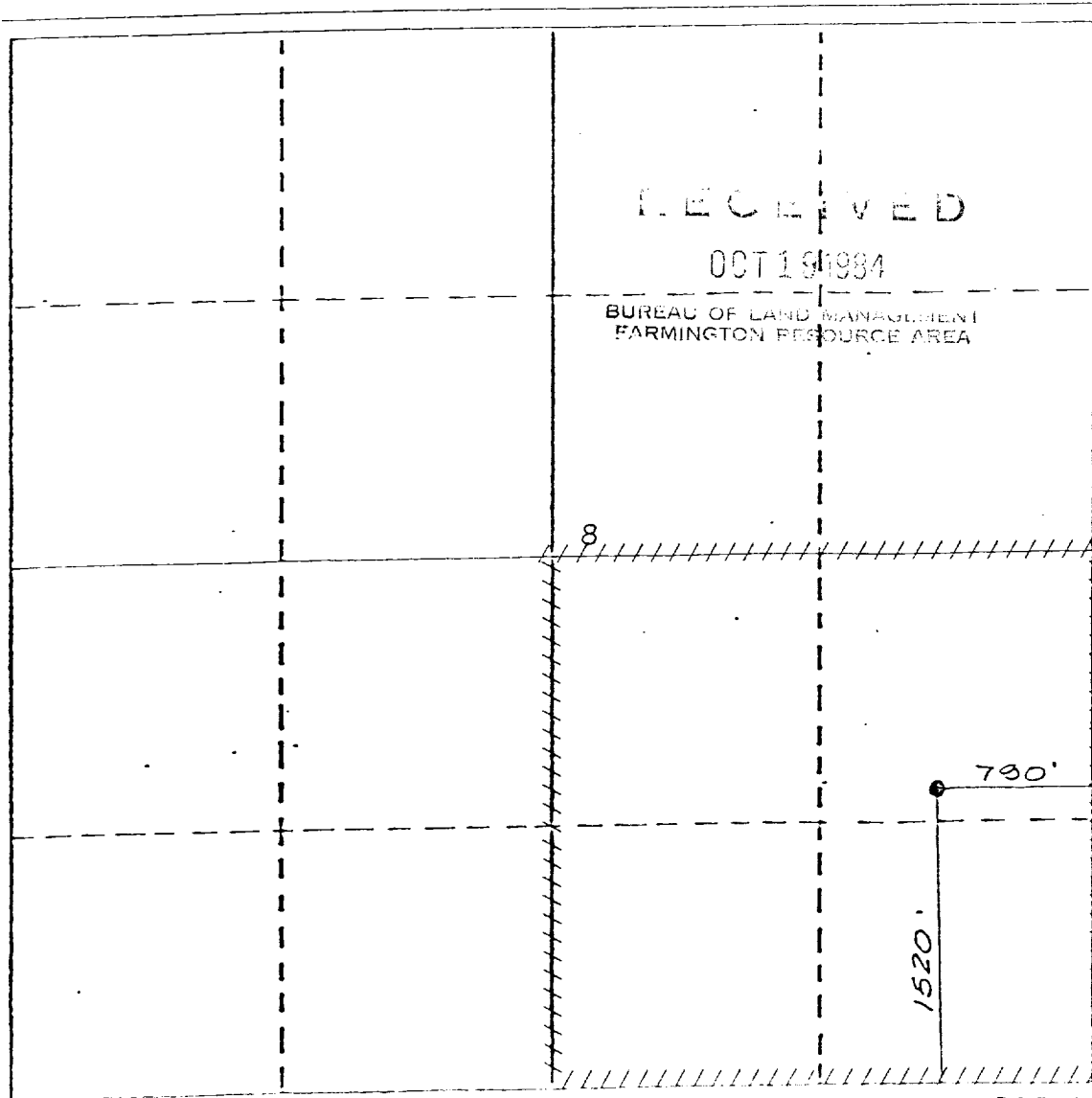
<b>1520</b> feet from the <b>SOUTH</b> line and <b>790</b> feet from the <b>EAST</b> line	Ground Level Elev. <b>6835</b>	Producing Formation <b>Gallup</b>	Pool <b>BS Mesa Gallup ext.</b>	Dedicated Acreage: <b>160</b>
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1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to work interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



#### CERTIFICATION

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

*Barbara Lex*  
 Position  
 Prod. & Drlg. Technician  
 Company  
 Consolidated Oil & Gas  
 Date  
 10-17-84

I hereby certify that the well location shown on this plat was plotted from field notes of surveys made by me under supervision, and that the same are correct to the best of my knowledge and belief.

Date Surveyed  
 April 10, 1984  
 Registered Professional Engineer  
 and/or Land Surveyor

*Michael Daly*

Certificate No.  
 5902