

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
**Consolidated Oil & Gas, Inc.**
3. ADDRESS OF OPERATOR  
**PO Box 2038, Farmington, New Mexico 87401**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1190' FNL & 990' FEL**  
AT TOP PROD. INTERVAL: **Sec. 30 T25N R9W**  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                                     | SUBSEQUENT REPORT OF: |                          |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| REPAIR WELL              | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| (other)                  |                                     |                       |                          |

5. LEASE <b>NM 095596</b>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <b>Huerfano Federal</b>	
9. WELL NO. <b>1-20</b>	
10. FIELD OR WILDCAT NAME <b>Basin Dakota</b>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 30 T25N R9W</b>	
12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>New Mexico</b>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <b>6741' KDB</b>	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

**M.I. workover rig. Pull tubing. Isolate hole in casing. Squeeze hole. Drill out cement. Acidize formation. Run tubing. Put well back on production.**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ ft.

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

SIGNED *Veryl F. Moore* TITLE Production Supt. DATE 11-24-80

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

**NMOCC**

