

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: **1850' FSL & 710' FEL**
AT TOP PROD. INTERVAL: **Sec. 11 T25N R10W**
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) <input type="checkbox"/>	<input type="checkbox"/>

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.

5. LEASE **14-20-603-1297**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JE-NA-PIA et al
KOS-KA-E-Now Lae (Heirs)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo

9. WELL NO.
3-11

10. FIELD OR WILDCAT NAME
Basin Dakota

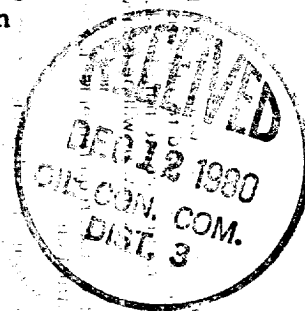
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11 T25N R10W

12. COUNTY OR PARISH **San Juan** 13. STATE **New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6814' KDB

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



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:

al 3m

*See Instructions on Reverse Side

NMOCC

