

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-1372

14-20-603-1397

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Consolidated Oil & Gas Inc. | 8. FARM OR LEASE NAME Navajo |
| 3. ADDRESS OF OPERATOR P.O. Box 2035, Farmington, New Mexico | 9. WELL NO. 3-11 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL, & 710' FEL of Section 11, Township 25 North, Range 10 West, NMFL. | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-25N, R-10W, NMFL |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6802 O.L. 6814 K.B. | 12. COUNTY OR PARISH San Juan |
| | 18. STATE N.M. |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input 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"/> | |

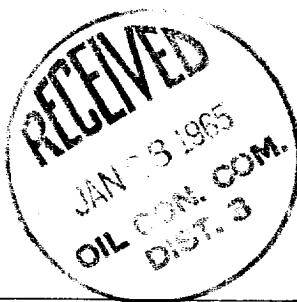
SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input checked="" 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.)*

Spudded in at 2:00 A.M. 12-19-64. Drilled 265' of 12 1/4" hole ran 9 joints of 8 5/8" 24# casing set at 265' K.B. Cemented with 150 sacks of regular with 2% Ca Cl₂. Pressured up to 1,000 psi. Drilled 7 7/8" hole to a total depth 6698' K.B. Ran 196 joints of 5 1/2" 17.0# & 15.50# casing for a total of 6712 set at 6695 K.B. Cemented with 200 sacks of 50-50 Pozmix with 4% gel, bumped plug with 2,000 psi Held O.K. Waited on cement and then pressured to 3,000 psi. Held O.K.



RECEIVED

JAN 27 1965

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

SIGNED Thomas M. Boyd, Jr. TITLE Area Superintendent

DATE January 26, 1965

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____