

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

On the use of a form for purposes not intended by the Bureau, please refer to a different edition of this form (5-10-10) for further instructions.

1. oil ☐ gas ☒ well ☐ well ☐ other ☐
2. NAME OF OPERATOR
CONSOLIDATED OIL & GAS, INC.
3. ADDRESS OF OPERATOR
P.O. BOX 1008, FULTON, WY. 83114
4. LOCATION OF WELL (REPORT LOCATION AND SURFACE LOCATION below)
AT SURFACE: 790' FUL & 1883' FUL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
15. CHECK APPROPRIATE BOX TO INDICATE NAME OF NOTICE REPORT, OR OTHER DATA

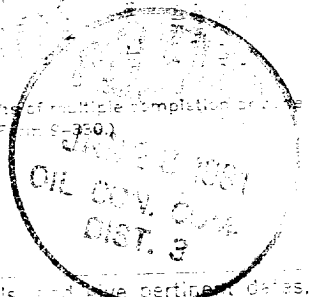
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(NOTE: Report results of multiple completion or fracture treatment on Form 5-10-10)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent facts, 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 sections and zones pertinent to this work.)

Perforate & Frac Greenhorn formation. Dual complete with Dakota formation.

Subsurface Safety Valve: Manu. and Type

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

SIGNED: *[Signature]* TITLE: *[Signature]* DATE: 1-14-81
(This space for Federal or State Office Use)

APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 27 1981

*See Instructions on Reverse Side

ADMINISTRATIVE DISTRICT

[Signature]

NMOCG