

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
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 <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.		8. FARM OR LEASE NAME CHAMPLIN	
3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, NM 87499		9. WELL NO. 4E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1124' FNL & 1963' FEL (NW/NE) (DEC 27 1984)		10. FIELD AND POOL, OR WILDCAT Basin, Dakota/ BS Mesa Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, T27N, R4W	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 7077' GR, 7090' KB		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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 checked="" 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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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"/>		<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 the Gallup zone in addition to the Dakota zone, approved in our original Application for Permit to Drill. We will produce this well as a Dakota/Gallup dual.

(Location Plat attached)

DEC 27 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician DATE 11-30-84

(This space for Federal or State office use)

APPROVED BY Need Seal WSL

TITLE

APPROVED
DATE <u>DEC 27 1984</u>
<u>Robert Jones</u> AREA MANAGER FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

CONSOLIDATED OIL & GAS, INC.			Lease	CHAMPLIN	Well No.	4E
Section	Township	Range	County			
B	35	27 NORTH	4 WEST	RIO ARRIBA		

Footage Location of Well:

1124 feet from the NORTH line and 1963 feet from the EAST line

Level Elev. 7677 Producing Formation Gallup Pool BS Mesa Gallup Dedicated Acreage: 160 Acre

Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

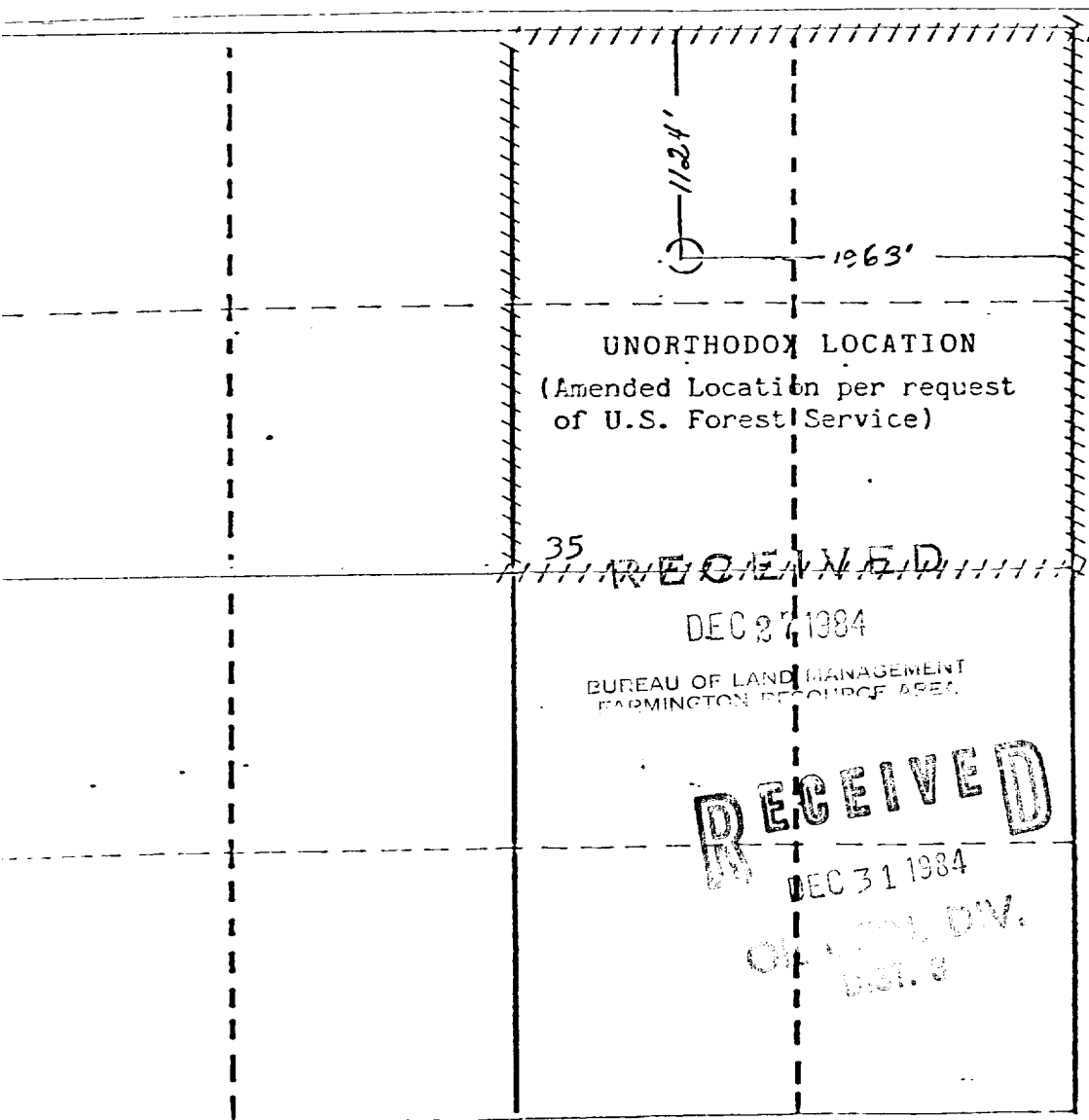
If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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, force-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.	
Name	Barbara C. Fox
Position	Prod. & Drlg. Technician
Company	Consolidated Oil & Gas, Inc.
Date	11-30-84
I hereby certify that the well location shown on this plat was plotted from field notes of actual survey made by me or under my supervision and that the same is true to the best of my knowledge and belief.	
Date Surveyed	May 15, 1984
Registered Professional Engineer and/or Land Surveyor	
Michael Daly	
Certificate No.	5992