

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 079527A
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 2038, Farmington, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1744' FSL & 1530' FEL (NW/SE) (5)		8. FARM OR LEASE NAME CHAMPLIN
14. PERMIT NO.		9. WELL NO. 1E
15. ELEVATIONS (Show whether on surface or in hole) AND MANAGEMENT 7064' GR, 7078' KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota/ BS Mesa Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, T27N, R4W
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

It is our intent to complete this well as a Dakota/Gallup dual, and produce each zone individually.

(Location Plat attached)

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

SIGNED Barbara C. Key

TITLE Prod & Drlg. Technician DATE 11-2-84

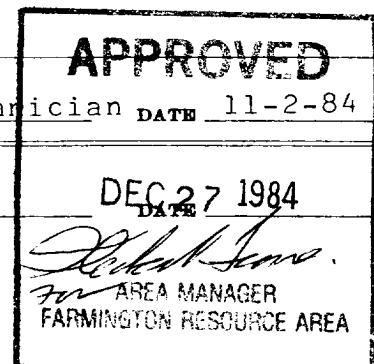
(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC



All distances must be from the outer boundaries of the Section.

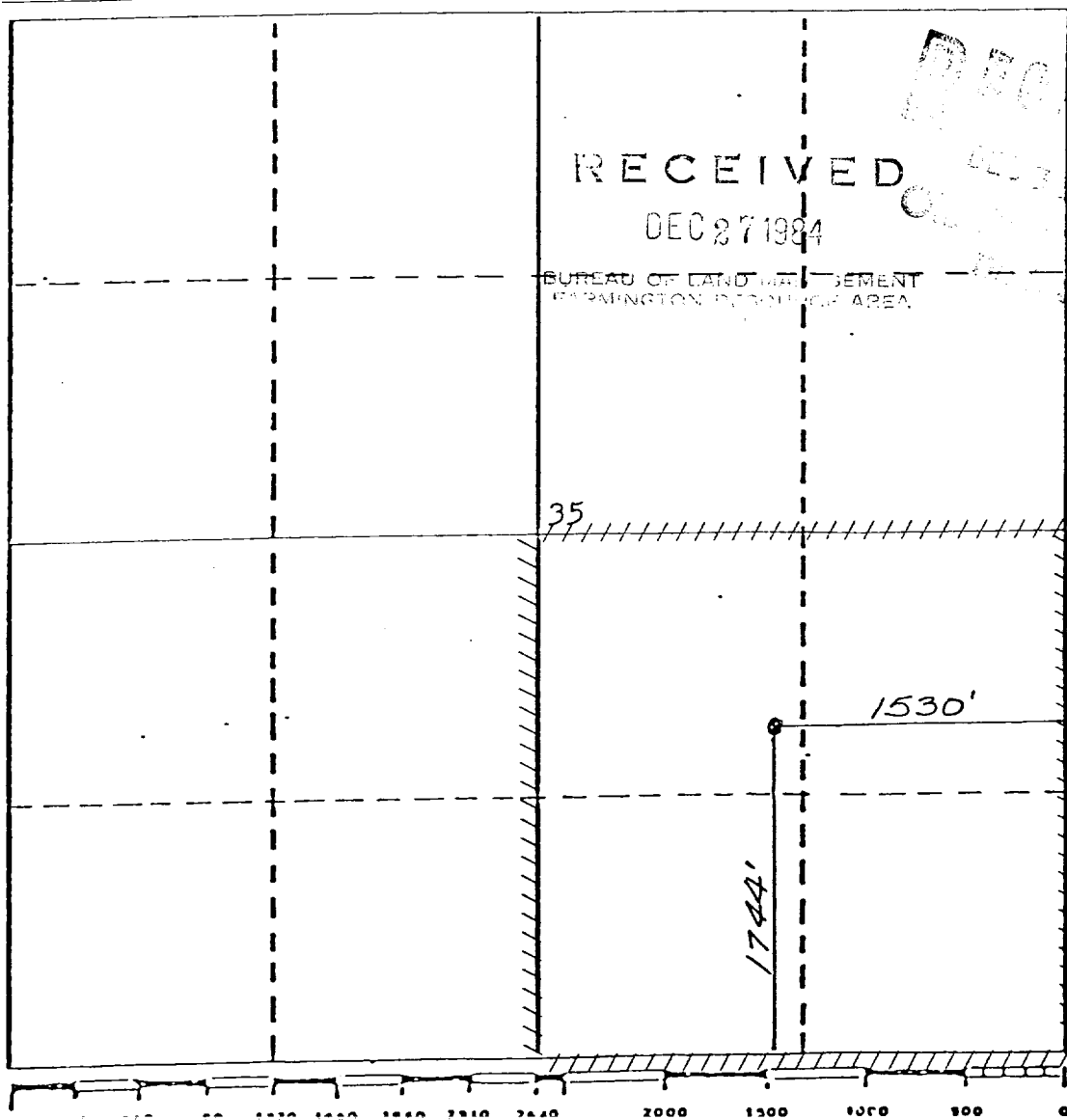
Operator <b>CONSOLIDATED OIL &amp; GAS, INC.</b>			Lease <b>CHAMPLIN</b>		Well No. <b>1E</b>
Unit Letter <b>J</b>	Section <b>35</b>	Township <b>27 NORTH</b>	Range <b>4 WEST</b>	County <b>RIO ARriba</b>	
Actual Footage Location of Well:					
1744 feet from the <b>SOUTH</b>		line and 1530 feet from the <b>EAST</b>		line	
Ground Level Elev. <b>7064</b>	Producing Formation <b>Gallup</b>		Pool <b>BS Mesa Gallup</b>		Dedicated Acreage: <b>160</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. 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, forced-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 Burkard E. Lee  
Position  
Prod. & Drlg. Technician  
Company  
Consolidated Oil & Gas, Inc.  
Date  
11-2-84

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed  
April 17, 1984  
Registered Professional Engineer  
and/or Land Surveyor

Michael Daly

Certificate No.  
5992