

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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	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) (J)	8. FARM OR LEASE NAME CHAMPLIN
	9. WELL NO. 1E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota / BS Mesa Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 35, T27N, R4W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 7064' GR, 7078' KB	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"/>
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"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

PAGE ONE OF TWO

(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.)

- 11-1-84 MIRU, nipped up wellhead & BOP.
- 11-2-84 Drilled cmt to float collar @ 8271'. Circ hole clean. Pr tested csg to 3000 psi, OK. Ran GR, CBL. Top of cmt @ 2765'.
- 11-5-84 Perfed Dakota w/ 1 SPF, .38" dia (71 perfs): 8240-27', 8200-8183', 8159-55', 8098-96', 8093-91', 8078-51'. Pump down csg & breakdown perfs w/ 1% KCl wtr @ 2100 psi. Acidized w/ 1000 gal 7-1/2% HCl & 107 balls. Retrieved balls. Fraced down csg w/ 100,000 gal 30# gel w/ 1% KCl, 1 gal surfac/1000 gal, & 105,000# 20/40 sd: 30,000 gal pad, 35,000 gal w/ 1 PPG sd, 35,000 gal w/ 2 PPG sd, flush w/ 12,138 gal 1% KCl wtr. ISIP 2200, 15 min 2070. Set retr BP @ 7720' w/ 5 gal sd on top. Pr test to 3000 psi, OK. Perfed Gallup w/ 1 SPF, 42-.38" dia perfs: 7682', 7674-72', 7618-7581'.
- 11-6-84 Breakdown perfs @ 2400 psi. Acidized w/ 500 gal 7-1/2% HCl & 62 balls. Retr balls. Frac down csg w/ 40,000 gal 30# gel w/ 1% KCl, 1 gal surfac/1000 gal & 40,000# 20/40 sd: 15,000 gal pad, 10,000 gal w/ 1 PPG sd, 15,000 gal w/ 2 PPG sd, flush w/ 11,592 gal 1% KCl wtr. 1281 bbls to rec. ISIP 1450, 15 min SIP 1340. Set retr BP @ 7530'. Pr test to 3000 psi, OK. Pour 5 gal sd on top of BP. Perfed Gallup w/ 1 SPF, .38" dia holes @ 7492-53', 7412-7372', 7350-7340', 7312-7275', 7270-40'.
- 11-7-84 Finished perfining Gallup @ 7236-7216', total of 51 perfs.

(CONT'd)

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

SIGNED Buliana C. Rex TITLE Prod. & Drlg. Technician DATE 11-30-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 27 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

RV Shm

NMOCC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget 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		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)(J)		8. FARM OR LEASE NAME CHAMPLIN
14. PERMIT NO.		9. WELL NO. 1E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7064'GR, 7078'KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota/
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA BS Mesa Gallup 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:

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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.)\*

11-7-84 Breakdown perfs @ 1700 psi. Acidized w/ 1000 gal 7-1/2% HCl & 77 balls. Retr balls. Frac Gallup down csg w/ 90,000 gal 30# gel w/ 1% KCl, 1 gal surfac/1000 gal, & 95,000# 20/40 sd: 30,000 gal pad, 25,000 gal w/ 1 PPG sd, 35,000 gal w/ 2 PPG sd, flush w/ 11,382 gal 1% KCl wtr. 2494 bbls to recover. ISIP 1475, 15 min 1040.

11-8-84 CO w/ N<sub>2</sub> to BP @ 7530' & retrieve BP.

11-9-84 CO w/ N<sub>2</sub> to BP @ 7720' & retrieve BP.

11-10/14 Cleaning up after frac.

11-15-84 Set 5-1/2" Mod "D" prod packer @ 7732'.

11-16-84 Ran Dakota tbgs: 246 jts of 1-1/2", 2.76#, IJ, CW55 landed @ 8199'KB, seating nipple @ 8165'.

11-17-84 Ran Gallup tbgs: 237 jts of 2-1/16", 3.25#, IJ, V55 landed @ 7627'KB, seating nipple @ 7590'.

11-17/29 Continue to clean up to test.

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

SIGNED Barbara C. Key

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

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side