APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE 30 00 ≠ m DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE-NAME **GEOLOGICAL SURVEY** Navajo Contract 1-49 Ind 3469 7. UNIT AGREEMENT 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME LINDA ်န<u>ှင့်မှာ</u> 1. oil well X other well 9. WELL NO. 等 日 月 Jast 2. NAME OF OPERATOR **1**A Consolidated Oil & Gas. Inc. 10. FIELD OR WILDCAT NAME ing Time Blanco MV 🖫 3. ADDRESS OF OPERATOR 1860 Lincoln Tower Build., Denver, CO.80295 11. SEC., T., R., ME OFEBLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 - # S & below.) Sec. 31 T27N 3 48W 12. COUNTY OR PARISH 13 STATE AT SURFACE: 900' FNL 925' FWL AT TOP PROD. INTERVAL: San Juan New Mexico AT TOTAL DEPTH: ទូសីទី 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 15. ELEVATIONS (SHOW DF, KOBY AND WD) REPORT, OR OTHER DATA SUBSECUENT REPORT OF: REQUEST FOR APPROVAL TO: 353 TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completten or zone PULL OR ALTER CASING change on Form 9-330.) encitors MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) case & cement 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.)* 4-23-79 Mud drill 7 7/8* hole to 4687! Bresser Atlas - Ind. Gamma Ray - FDC & Neutron. Ran 123 joints 424 10.5# K-55 S.T.C. Rg. III csg. to 4653' F.C. @4619' Cemented w/60 sks. 65/35 poz. w/12% gel, & 240 sks. 50/50 poz. w/ 4%gel 0.4 FiA plug down. 8:45 p.m. 4-24-79 waiting on completion. Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct Moore TITLE Prod. Supt. (This space for Federal or State office use)

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