For (Name	3160	5	
(Norm	7.0 %	195	•)
(Form	erty !	9 3	31)

REPAIR WELL

Form approved. 004-0135 985 LETAT. NO.

O(1)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT UDRY NOTICES AND REPORTS ON	WELLS	SF 078212 6. IF INDIAN, ALLOTTEE OF	
(Do not use thi	form for proposals to drill or to deepen or plug back to use "APPLICATION FOR PERMIT—" for such proposal	o a different reservoir.		

16. Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data
5551'GR, 5565'KB BURAMI	San Juan N.M.
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, BT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
AF LAND ROLLIES	Sec 4, T30N, R13W
14. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface 1000' FNL & 1000' FWL APPROVINGE 15. ELEVATIONS (Show whether Dr. RT. CR. etc.) 5551'GR, 5565'KB BUREMING. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or	N'Basin Dakota N'BBC, T., B., M., OR BLE. AND BURYEY OR ARTA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.)	Basin Dakota
P.O. Box 2038, Farmington, New Mexico 01499	10. FIELD AND POOL, OR WILDCAT
3. ADDRESS OF OPERATOR P. O. Port 2028 Farmington, New Mexico 87499	1E
Consolidated Oil & Gas, Inc.	9. WELL NO.
2. NAME OF OPERATOR	Rourke
OIL GAB X OTHER	S. FARM OR LEASE NAME
(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.)	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	
BUREAU OF LAND MANAGEMENT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME

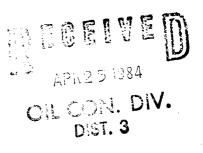
	•	5551 GM, 2	א נטנו	D ~ 6 3/1			
 LB.	Chec	k Appropriate Box To In	dicate N	ature of Notice, Report, c	or Other Date	1	
		INTENTION TO:	•	SUB	SEQUENT REPORT	r OF:	
	TEST WATER SHCT-OFF	PULL OR ALTER CASING UULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING WELL ALTERING CASING	_
	SHOOT OR ACIDIZE	ARANDON®		SHOOTING OR ACIDIZING (Other) "Commen		ABANDONMENT*	X

(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.) *

4-19-84 Spud 12-1/4" surface hole at 4:45 PM. Drilled to 250'. Ran 6 jts (231') of 8-5/8", 24#, ST&C casing, set at 245'KB. Cement w/ 171 cu ft Cl"B" w/ 2% CaCl, & 1/4# celloflake/sk. Good circ, 10 bbl cmt to surface.

4-20-84 Plug down at 1:45 AM.

CHANGE PLANS



. I hereby certify that the foregoing is tray and corre	et Prod. & Drlg.	Technician _{DATE} 4-20-84
(This space for Federal or State office use)	THUE	ACCEPTED FOR RECORD
APPROVED BY	TITLE	APR 24 1984
	*See Instructions on Reverse Side	FAKININGTON ILLUGINUE AKEA SMM
	* NMOCC	decurrent or appoin