Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE SF 078707	
6. IF INDIAN, ALLOTTEE OR TRIBE 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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Starr

1. oil well ☐   gas well ☒   other

9. WELL NO.
1

2. NAME OF OPERATOR
Consolidated Oil & Gas, Inc.

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

3. ADDRESS OF OPERATOR
P.O. Box 2038, Farmington, New Mexico 87499

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13, T31N, R13W

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1185' FSL & 1495' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

12. COUNTY OR PARISH San Juan   **13. STATE** N.M.

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5796'KB

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

RECEIVED
MAR 12 1984

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

(other) _____ XTemporary Abandon

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.)*

The Mesa Verde zone is uneconomical to produce; therefore, we request approval to temporary abandon this zone.

RECEIVED
MAR 30 1984
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _Barbara Lex_   TITLE Prod. & Drlg. Tech.   DATE March 29 1984

APPROVED

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL IF ANY:

N. MILLENBACH
AREA MANAGER