

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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.)

1. oil ☐ well      gas ☒ well      other ☐
2. NAME OF OPERATOR  
Consolidated Oil & Gas, Inc.
3. ADDRESS OF OPERATOR  
P.O. Box 2038, Farmington, N. M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FWL & 990' FSL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                                     | SUBSEQUENT REPORT OF:               |
|--------------------------|-------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| FRACTURE TREAT           | <input type="checkbox"/>            | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE         | <input type="checkbox"/>            | <input type="checkbox"/>            |
| REPAIR WELL              | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PULL OR ALTER CASING     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| MULTIPLE COMPLETE        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| CHANGE ZONES             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ABANDON*                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (other) "Spacing Change" | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)\*

State Division Order no. R-6760 has approved  
160 acre dedication for this well.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Barbara C. Rex TITLE Prod. & Drilg. Tech. DATE 9-17-81

(This space for Federal or State office use)

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

NMOCC

\*See Instructions on Reverse Side

SEP 29 1981  
BY RB

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

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

Operator <b>Consolidated Oil &amp; Gas, Inc.</b>		Lease <b>Owen</b>		Well No. <b>1</b>
Unit Letter <b>M</b>	Section <b>7</b>	Township <b>31N</b>	Range <b>12W</b>	County <b>San Juan</b>
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> <span>990 feet from the <b>West</b> line and</span> <span>990 feet from the <b>South</b> line</span> </div>				
Ground Level Elev. <b>5884'</b>	Producing Formation <b>Mesa Verde</b>	Pool <b>Blanco</b>	Dedicated Acreage: <b>160</b> Acres	

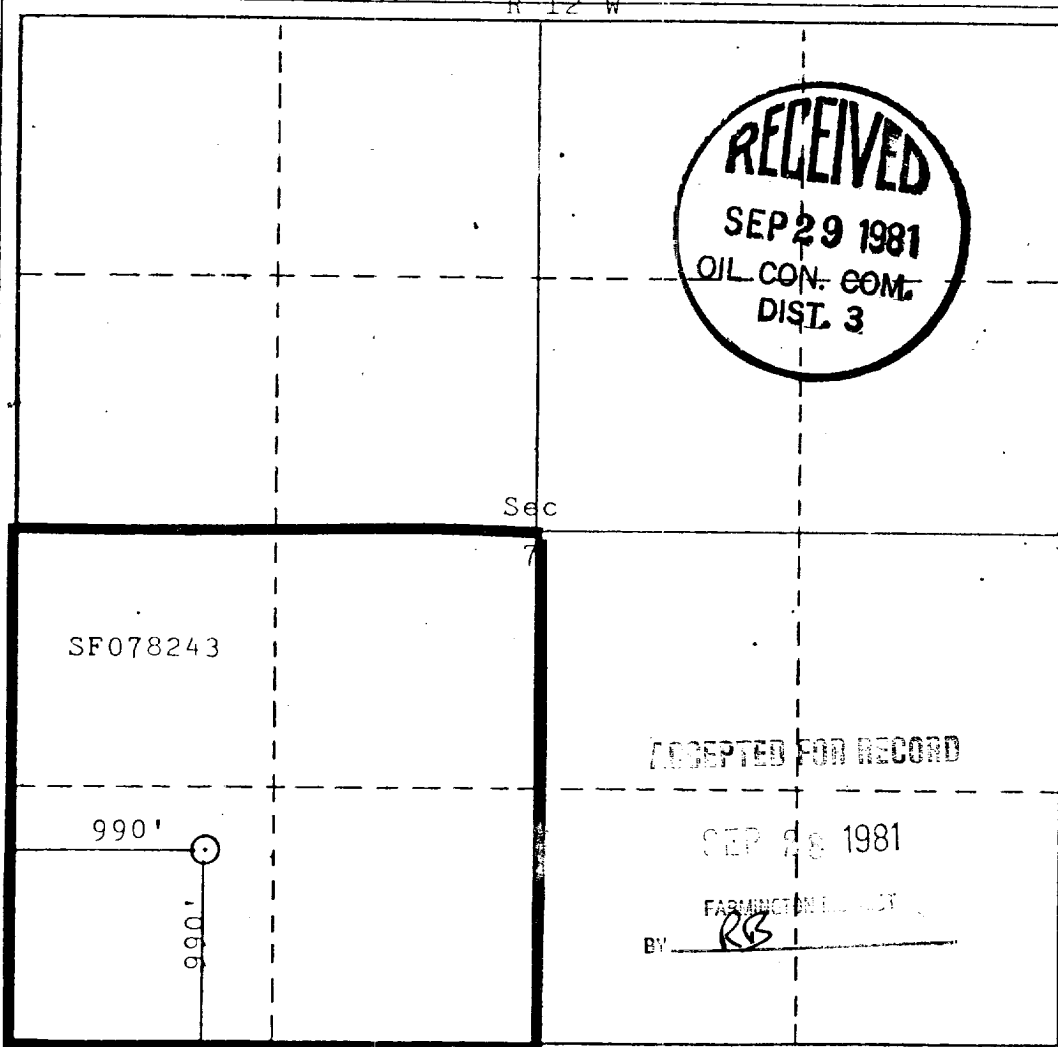
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.  
(160 acre spacing by Order R-6760, 8-26-81.)
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. 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 Commission.

R 12 W



**ACCEPTED FOR RECORD**

SEP 28 1981

FARMINGTON DIST.

BY \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Barbara C. Rex*

Name  
**Barbara C. Rex**  
Position  
**Prod. & Drlg. Technician**  
Company  
**Consolidated Oil & Gas, Inc.**  
Date  
**September 17, 1981**

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 is true and correct to the best of my knowledge and belief.

Date Surveyed  
\_\_\_\_\_  
Registered Professional Engineer and/or Land Surveyor

Certificate No. \_\_\_\_\_

