

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 ☐ gas ☒ other

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

3. ADDRESS OF OPERATOR
P.O. Box 2038, Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 910' FSL & 880' FEL
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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) "Complete Drlg. Op'ns. X

5. LEASE

SF 078464

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Payne

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Wildcat PC/Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 35, T31N, R13W

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

14. API NO.

30-045-25514

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5979' KB

RECEIVED
FEB 1 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

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.)*

TD on this well is 2260'. Please change original sundry dated 11-15-82 to show this corrected depth.

RECEIVED
OIL & GAS DIV.
DIST. 3

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

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

SIGNED Barbara C. Key TITLE Prod. & Drlg. Tech. DATE 1-28-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

FEB 2 1983

*See Instructions on Reverse Side

FARMINGTON DISTRICT

NMOCC