UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 078464
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for property to district the district to	TO STATE MORE THANKS
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas KX other	Cain
Other Control	9. WELL NO.
2. NAME OF OPERATOR	2
Consolidated Oil & Gas, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
PO Box 2038, Farmington, N.M. 87499	WC Pic.Cliffs/Fruitland
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1520' FNL & 790' FEL	Sec 25, T31N, R13W
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	12. COUNTY OR PARISH 13. STATE N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14, API NO 30-045-25574
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	- 5813 GR, 5817 KB
TEST WATER SHUT-OFF	
FRACTURE TREAT	
REPAIR WELL	:
PULL OR ALTER CASING	(NOTE: Réport results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	3 (e.m.) 5.330.)
ABANDON*	
(other) "Commence Drilling"_ X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent.)	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and t to this work.)*
2-17-83 Spud 12-1/4" surface holo at 00	75.1
2-17-83 Spud 12-1/4" surface hole at 09 Ran 3 jts 8-5/8", 20#, K-55 ST&	45 nrs. Drilled to 130'.
Cemented w/ 256 cu ft Cl"B" w/	o csg, set at 125'KB.
per sk. riug down at 1400 hrs.	Circ 10 bbls cmt Woo
carbabled BOP & pr test t	o 1000 psi. OK Started
drilling 6-1/4" hole. Drilling	ahead.
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Subsurface Safety Valve: Manu. and Type	—————————————————————————————————————
18. I hereby certify that the foregoing is true and correct	

Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct TITLE Prod. & Drlg. Tech. DATE (This space for Federal or State office use) Abbet res fed fillion APPROVED BY _ TITLE _ DATE ____ CONDITIONS OF APPROVAL, IF ANY: FFB 25 (00)

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