

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078463

6. IF INDIAN, ALLOTTEE OR TRIBAL 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 "APPLICATION FOR PERMIT--" 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, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
590' FSL & 1850' FWL

14. PERMIT NO.
API # 30-045-25894

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5595' GR, 5608' KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Nance

9. WELL NO.
1E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27, T31N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

RECEIVED
APR 23 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) "Conclude Drlg. Op'ns."	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)

4-9-84 WOC 11 hours & pressure tested to 1500 psi for 30 min, OK.
Resumed drilling, 7-7/8" hole.

4-17-84 Reached TD (6570') at 5:15 AM. Ran IES, FDC, CNL, GR & SP logs.
Cleaned out to 6570'.

4-18-84 Ran 165 jts (6556') of 5-1/2" casing as follows:
15.5#, J-55 from surface to 6048'
17#, N-80 from 6048' to setting depth of 6569' KB (FC 6527')
Cemented as follows: 20 bbl mud flush ahead, 432 cu ft 50/50 pozmix w/ 2% gel, 1/4# celloflake/sk. Good circ. Plug down at 9:45 AM. Circ 4 hrs. Pump 10 bbl mud flush ahead, 984 cu ft 65/35 pozmix w/ 6% gel, 1/4# celloflake & 6-1/4# gilsonite/sk. Good circ. Plug down at 3:15 PM. Circ 4 hrs. Pump 10 bbl mud flush ahead, 786 cu ft 65/35 pozmix w/ 6% gel, 1/4# celloflake & 6-1/4# gilsonite/sk. Good circ. Circ 15 bbl cmt to surface. Plug down at 8:15 PM. (DV tools at 4520' & 1921').
Remove BOPs & set slips. Rig released at midnight.

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OIL CON. DIV.
DIST. 3

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician DATE 4-20-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
APR 24 1984

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY Smm

NMOCC