

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 078244
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL & 790' FWL (SPECIAL RECEIVED APR 04 1984)	8. FARM OR LEASE NAME Lea
14. PERMIT NO. API # 30-045-25924	9. WELL NO. 2
15. ELEVATIONS (See BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA) 5879' KB, 5875' GR	10. FIELD AND POOL, OR WILDLAND Undes. Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T31N, R12W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) "Conclude Drlg Op'ns" <input checked="" type="checkbox"/>	
(Other) <input 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.)

4-1-84 Drilled 6-1/4" hole to TD (2300') at 1:30 AM. Ran IES, CFD, CNL, GR & SP logs. Ran 56 jts of 4-1/2", 10.5#, J-55, ST&C casing set at 2286'. Float collar at 2243'. Cemented with 360 cu ft 65-35 poz w/ 6% gel & 1/4# perlite/sk. Tailed in w/ 100 cu ft 50-50 poz 2% gel. Good circ while cementing. Did not circ. Plug down at 3:30 PM. Removed BOP & set slips. Rig released 4:00 PM.

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

SIGNED Barbara C. Ley TITLE Prod. & Drlg. Technician DATE April 2, 1984

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

APR 06 1984

\*See Instructions on Reverse Side  
NMOCC

FARMINGTON RESOURCE AREA  
BY Smn

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL & 790' FWL (SW/NE)	8. FARM OR LEASE NAME Lea
14. PERMIT NO. API # 30-045-25924	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RUC, or GR) 5879' GR 5875' GR	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T31N, R12W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) "Cement Top" <input checked="" type="checkbox"/>	
(Other) <input 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.) \*

4-14-84 Ran Cement Bond log, VDL, CCL & GR from TD to surface.  
Top of cement at 796'.

RECEIVED  
APR 25 1984  
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 4-19-84  
(This space for Federal or State office use) ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 24 1984  
CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA  
BY SMW

\*See Instructions on Reverse Side

NMOCC