

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 ☐ GAS WELL ☒ OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF 078464
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 1738' FWL & 1850' FNL (SE/NW)	8. FARM OR LEASE NAME Williams
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Undesig. Fruitland
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 24, T31N, R13W
14. PERMIT NO. API # 30-045-25928	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 5850' KB, 5846' GR	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLET ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) "Spud & Set Casing" ☐	
(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 Spud 12-1/4" surface hole at 7:30 PM. Drilled to 163' KB.
4-2-84 Ran 4 jts 8-5/8", 24#, ST&C casing set at 162.76' KB.
Cemented with 180 cu ft C1"B" w/ 2% CaCl₂ & 1/4# celloflake/sk.
Plug down at 4:30 AM. Circ 8 bbl cmt to surface.
Waiting on cement.

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician

DATE April 2, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 6 1984

FARMINGTON RESOURCE AREA

BY SM

*See Instructions on Reverse Side

NMOCC