

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 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 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, NM 87401		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 940' FSL & 1690' FWL		8. FARM OR LEASE NAME SENER
14. PERMIT NO. API# 30-045-25929		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5828' GR & 5832' KB		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T31N, R13W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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 checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)
- 5-14-84 MIRUSU, INST BOP, pr test to 2500 psi, OK. PU 3-7/8" bit & csg scraper. tagged FC @ 2180'. Circ hole clean. Ran GR/CCL/Cmt bond logs. Perf 2132-66' w/1SPF (35 perfs).
- 5-15 BD perfs @ 2300 psi. ISIP 650. Clear perfs. Acidize w/ 500 gal 7-1/2% HCl and 50 ball sealers. frac w/ 70-30 Q foam w/ 1% KCl, 100 ppm nitrates, 20-40 sand as follows: 7000 gal pad, 6000 gal 1 PPG sand, 6000 gal 2 PPG sand, flush w/ 1450 gal. ISIP 1200, 15 min 1200. Total to recover 234 bbl. Swabbed & cleaned out.
- 5-16 Swabbed. Ran 68 jts 2-3/8" tbg set @ 2128'. Rig down and rig released.
- 5-26-84 MIRUSU, inst BOP, pr test, OK. TOH w/ 2-3/8" tbg. Set retrievable bridge plug @ 1870'. Pr test to 3200 psi, OK. Perf 1717-26', 1753-57', 1784-09', 1802-11' w/ 1SPF (32 perfs). BD perfs. ISIP 1150. Ran junk basket, cleared perfs. Frac w/38920 gal 70 Q foam, 20# gel, 1% KCl, 10-20 sand as follows: 11,500 gal pad, 5190 gal 1/4 PPG, 8600 gal 1/2 PPG, 5570 gal 3/4 PPG, 8060 gal 1 PPG, flush w/ 1218 gal. Total fluid to recover 353 bbl. ISIP 1600, 15 min 1500.
- 5-27/6-3 Cleaned out & swabbed.
- 6-4 Retrieved bridge plug @ 1870'. Set 69 jts 2-3/8", 4.7#, J-55 tbg at 2151'. Swabbed, rigged down and released rig.

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

SIGNED Barbara Williams TITLE Engineering Ass't DATE 8-13-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

AUG 28 1984

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV Smw

