

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO SF078464	
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 850' FNL & 940' FWL		8. FARM OR LEASE NAME PAYNE	
14. PERMIT NO. API #30-045-25953		9. WELL NO. 3E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5645' GR, 5658' KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T31N, R13W	
		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:

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

- 5-18-84 MIRU, install BOP & pr test to 3500 psi. Drill DV tool @ 2110'. Pr test to 3500 psi. Drill DV tool @ 4599', pr test to 3500 psi.
- 5-19-84 Ran GR, CBL, & CCL from PBTD to 600'. Pr test BOP & csg to 3500 psi, OK. Perf Dakota 1 SPF, .38" dia: 6545-36', 6508-6490', 6482-70', 6442-36' (49 perfs).
- 5-21-84 Break down perfs w/ 1% KCl wtr. Acidize w/ 750 gal 7-1/2% HCl & 75 balls. Rec balls. Frac Dakota w/ 30# gel, 1% KCl, 1 gal surfactant/1000 gal, & 20/40 sd as follows: 30,000 gal pad, 22,300 gal w/ 1 PPG sd, 9,240 gal w/ 1/2PPG sd, 10,710 gal w/ 1 PPG, 7,560 gal w/ 1-1/2 PPG sd, 28,980 gal w/ 2 PPG. Flush w/ 6,552 gal 1% KCl. Total fluid 2953 bbl, total sd 100,465#. ISIP 1800 psi, 10 min 1500 psi.

RECEIVED
JUL 02 1984
OIL CON. DIV.
DIST. 3

RECEIVED
JUN 27 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician DATE 6-15-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

JUN 29 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV SMM

