

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078463A
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 857' FSL & 1827' FEL		8. FARM OR LEASE NAME KAUFMAN CO
14. PERMIT NO. API # 30-045-25972		9. WELL NO. 1E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5653' KB		10. FIELD AND POOL, OR WILDCAT Flora Vista Gallup Ext
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T31N, R13W
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

18. 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 checked="" 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) <input 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.) *

This well has been drilled to a TD of 6500'KB (Dakota). It is our intent to perforate and stimulate the Gallup formation (approximately 5300' to 5600'), and complete as a dual well.

JUN 07 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
JUN 12 1984
OIL CON. DIV.
DIST. 3

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

SIGNED James E. Edwards Jr.

TITLE Prod. & Drlg. Technician DATE 6-1-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCG

*See Instructions on Reverse Side

APPROVED
JUN 08 1984 DATE
<u>James E. Edwards Jr.</u> AREA MANAGER FARMINGTON RESOURCE AREA

All distances must be from the outer boundaries of the Section.

CONCONSOLIDATED OIL & GAS, INC.			Lease KAUFMAN SON	Well No. 1E
Unit Letter 0	Section 33	Township 31 NORTH	Range 13 WEST	County SAN JUAN

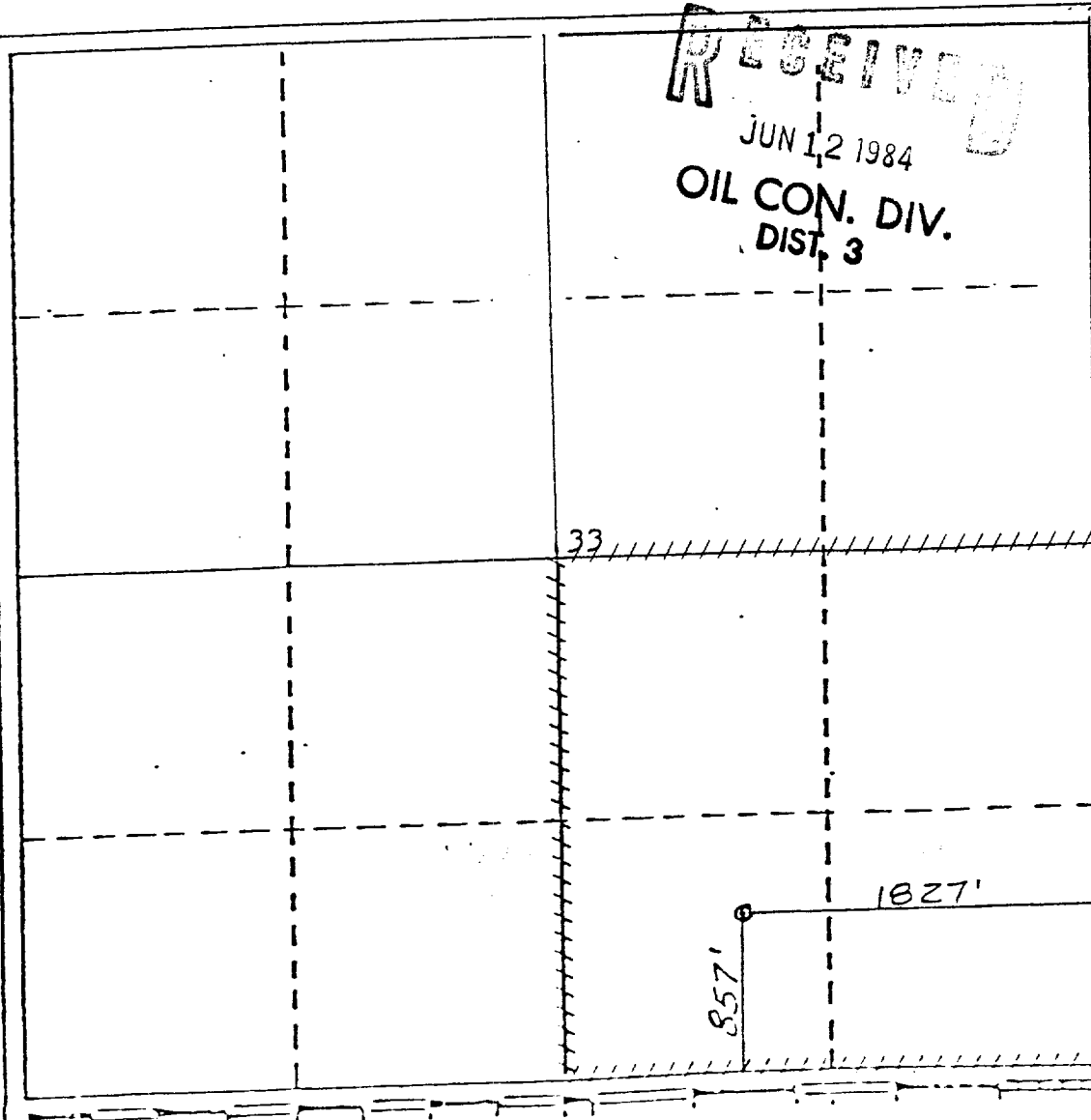
Actual Footage Location of Well:		857	feet from the	SOUTH	line and	1827	feet from the	EAST	line
Ground Level Elev. 5640	Producing Formation Gallup	Pool Flora Vista Gallup EXT				Dedicated Acreage: 160			

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to well interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes" type of consolidation communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Barney Jones
Name

Barney Jones

Position
Drilling Foreman

Company
Consolidated Oil & Gas, Inc.

Date
April 20, 1984

I hereby certify that the well is shown as located on the plat was plotted from notes of actual surveys made by me and correct to the best of my knowledge and belief.

Michael Daly
Date Surveyed
April 23, 1984

Registered Professional Engineer
and/or Land Surveyor

Michael Daly

Certificate No.
5992