

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 type="checkbox"/> OTHER (WATER INJECTION)		5. LEASE DESIGNATION AND SERIAL NO. SF 078463
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		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 1097 FSL & 1439' FEL (SW/SE)		8. FARM OR LEASE NAME LANGENDORF
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5860' GR		10. FIELD AND POOL, OR WILDCAT MESA VERDE
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA SEC. 34, T31N, R13W
		12. COUNTY OR PARISH SAN JUAN
		13. STATE N.M.

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 type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Conclude Drilling	<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.)*

6-12-85 Drilled 7-7/8" hole to T.D. (4700') @ 5:45 p.m. Circ 1-1/2 hrs.
TOH for logs. Ran IES/SP/GR/FDC/CNL/Caliper to 4698'.

6-13-85 Ran 155 jts 5-1/2", 15.5#, J-55 csg LT&C (4690.79' in hole). Landed @ 4700'. Float Collar at 4667.74'. DV Tool @ 2107.02'. Pump 20 bbl prewash, 614 sx (773 ft³) 50/50 Poz, 2% gel, 1/4# Celloflake/sx. Tail w/ 100 sx (118 ft³) Class "H" neat.

6-14-85 Plug dn @ 12:30 a.m. Pump 10 bbl prewash, 492 sx (465 ft³) 65/35 Poz, 6% gel, 1/2 ft³ Perlite/sx. Tail/w 100 sx (126 ft³) 50/50 Poz, 2% gel, 1/4# Celloflake/sx. Good Circ. Plug dn @ 5:54 a.m. Circ 20 bbl cmt. Remove BOP & set slips w/72,000# on slips. Released rig @ 7:30 a.m.

RECEIVED
JUN 26 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Ray E. Christen
(This space for Federal or State office use)

TITLE Drilling & Production Tech. DATE 6-14-85

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

JUN 28 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY _____