

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-B1424

5. LEASE DESIGNATION AND SERIAL NO.

SE-078243

6. IF INDIAN, ALLOTTEE OR OTHER NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Arnstein

9. WELL NO.

1-M

10. FIELD AND POOL OR WHEREAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 18 T31N R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 | |
| 2. NAME OF OPERATOR Consolidated Oil & Gas, Inc. | |
| 3. ADDRESS OF OPERATOR 1860 Lincoln St. Suite 1300 Denver Co. 80295 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1065' FNL & 1791' FWL | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5929' GR |
| 12. COUNTY OR PARISH | 13. STATE San Juan NM |

16. 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"/> | WATER SHUT-OFF | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> | | |

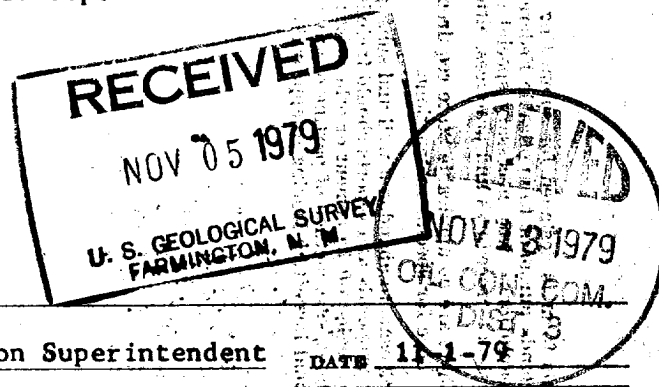
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

10-2-79 Drill 280' 12 1/2" hole. Run 277' of 8-5/8" K-55 24# casing & cement w/200 sks. class "B" neat 2% CC. No cement return. Cement outside from top w/75 sks. class "B" neat 2% CC. Circulate 25 sks. to top. Plug down 3:15 p.m. 10-2-79

10-22-79 Drill 7-7/8" hole to 7050'. Ran Dresser Atlas logs IES & Density, Neutron.

10-23-79 Ran 174 jts. 5 1/2" 15.5# K-55 csg. to 7045' with 1st stage collar 5018' & 2nd stage collar @ 1319'. Cement 1st stage w/70 sks 65/35 poz mix with 12% gel & 300 sks 50/50 poz mix w/4% gel. Cement 2nd stage w/75 sks. 65/35 poz mix w/12% gel & 375 sks 50/50 poz mix w/4% gel. Cement 3rd stage w/150 sks. 65-35 poz mix w/12% gel & 150 sks. 50/50 poz mix w/4% gel. Plug down @ 6:00 P.M. 10-23-79 Circulate 85 sks. to top.



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

SIGNED

Caryl Moore

TITLE Production Superintendent

DATE

11-1-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side