UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Buoget Bureau No. 42-R1424
	5. LEASE SF 078244
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
1. oil gas (X)	8. FARM OR LEASE NAME SOUTHERN UNION
1. oil gas X well other	9. WELL NO.
2. NAME OF OPERATOR CONSOLIDATED OIL & GAS, INC.	1-M
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME RASIN DAKOTA
P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)	AREA SEC 19 T31N R 12W
AT SURFACE: 1850' FSL & 790' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE SAN JUAN NEW MEXICO
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

> (NOTE: Report results of multiple completion or zone change on Form 9-330.)

5973 KB

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* to shut off lower Dakota zone. (other) Request approval

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.)*

Remove tubing & retrievable production packer and set drillable cast iron bridge plug at 7015. This will shut off production from lower Dakota which has proven to be water productive in this area. Perfs to be shut off are from 7032' to 7100'. Run tbg &packer & return well to production.

Subsurface Safety Valve: Manu. and Type. Set @ That the foregoing is true and correct 18. I hereby certify DRILLING SUPT. SIGNED (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR

ah 3-