

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR
Consolidated Oil & Gas Inc.

3. ADDRESS OF OPERATOR
P. O. Box 2038 Farmington New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: **990' FNL & 1850' FWL**

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) **Completion** ☐

SUBSEQUENT REPORT OF:

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

1st Stage Upper Dakota

9-19-80 Perf: 6796-6800-04-07-10-20-24-28. Acidized w/250 gal 7 1/2% NE acid.

9-21-80 Reacidized w/250 gal 7 1/2% NE acid. Frac'd w/ 36,300 40# crosslink gel & 3750# 100 mesh & 14,750 # 20-40 sand, Acidized w/2500 gal 5% NE acid. Max pres 5850# avg pres 5400# avg rate 7 1/2 BBL

2nd Stage Lower Dakota

9-25-80 Perf: 6602-09-14-26-33-38-44-68-72-76-80-86-97-6701-05. Acidized w/500 gal 7 1/2% NE acid. Frac'd w/70,000 gal crosslink gel & 75,000# 20-40 sand. Reacidized w/4,000 gal 3% HCL acid. Max. pr 3400# Avg pr 3200#

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE **Drilling Supt.** DATE **10-8-80**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

001 20-1000

*See Instructions on Reverse Side

BY *[Signature]*

NMCCG