

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.6.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

5. LEASE DESIGNATION AND SERIAL NO.

**SF 078707**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Starr**

9. WELL NO.

**1-M**

10. FIELD AND POOL, OR WILDCAT

**Basin Dakota**

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

**Sec. 13 T31N R13W**

12. COUNTY OR PARISH

**San Juan**

13. STATE

**NM**

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ 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 and in accordance with any State requirements)\*

At surface **990' FNL & 1850 FWL**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

**San Juan**

13. STATE

**NM**

15. DATE SPUNDED

**5-3-80**

16. DATE T.D. REACHED

**5-17-80**

17. DATE COMPL. (Ready to prod.)

**10-7-80**

18. ELEVATIONS (DF, RSB, RT, GR, ETC.)\*

**5779 RKB**

19. ELEV. CASINGHEAD

**5767**

20. TOTAL DEPTH, MD & TVD

**6888**

21. PLUG, BACK T.D., MD & TVD

**6853**

22. IF MULTIPLE COMPL., HOW MANY\*

**2**

23. INTERVALS DRILLED BY

**→**

ROTARY TOOLS

**X**

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

**6602 - 6828**

26. TYPE ELECTRIC AND OTHER LOGS RUN

**IES & Compensated Neutron**

25. WAS DIRECTIONAL SURVEY MADE

**No**

27. WAS WELL CORED

**No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24	253	12½	200 Sks.	None
5½	15½	6888	7-7/8	1100 Sks.	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1½	6617	5100

31. PERFORATION RECORD (Interval, size and number)

**5602 - 6828**

**23 .32 Holes**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6796-6828	36,300 gal x-linked & 14,750# sd.
6602-6705	70,000 gal x-linked & 75,000# sd.

33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10-16-80		Flow				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—EBL.	GAS—MCF.	WATER—EBL.	GAS-OIL RATIO
10-16-80	3	3/4	→		183		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—EBL.	GAS—MCF.	WATER—EBL.	OIL GRAVITY—API (CORR.)	
110	---	→		1464			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

**Vented**

35. LIST OF ATTACHMENTS

36 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

*Vergil Moore*

TITLE

**Production Supt.**

DATE

**11-12-80**

\*(See Instructions and Spaces for Additional Data on Reverse Side)

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## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		DRY <input type="checkbox"/>		Other <input type="checkbox"/>																					
b. TYPE OF COMPLETION:																													
NEW WELL <input checked="" type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEP-EN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>		DIFF. RESVR. <input type="checkbox"/>		Other <input type="checkbox"/>																			
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 and in accordance with any State requirements)*																													
At surface 990' FNL & 1850' FWL																													
At top prod. interval reported below																													
At total depth																													
14. PERMIT NO.					DATE ISSUED																								
15. DATE SPUNDED					16. DATE T.D. REACHED					17. DATE COMPL. (Ready to prod.)					18. ELEVATIONS (DF, RER, BT, GR, ETC.)*					19. ELEV. CASINGHEAD									
5-3-80					5-17-80					10-7-80					5779 RKB					5767									
20. TOTAL DEPTH, MD & TVD					21. PLUG. BACK T.D., MD & TVD					22. IF MULTIPLE COMPL., HOW MANY*					23. INTERVALS DRILLED BY					ROTARY TOOLS					CABLE TOOLS				
6888					6853					2					→					X									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*										25. WAS DIRECTIONAL SURVEY MADE																			
4438 - 4596										No																			
26. TYPE ELECTRIC AND OTHER LOGS RUN										27. WAS WELL CORED																			
IES & Compensated Neutron										No																			
28. CASING RECORD (Report all strings set in well)																													
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD				AMOUNT PULLED																	
8-5/8		24#		253		12 1/2		200 Sks.				None																	
5 1/2		15 1/2#		6888		7-7/8		1100 Sks.				None																	
29. LINER RECORD										30. TUBING RECORD																			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)															
										1 1/2		4458		5100															
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																			
4438 - 4596										DEPTH INTERVAL (MD)										AMOUNT AND KIND OF MATERIAL USED									
32 .32 Holes										4538 - 4596										64,700 gal 70 quality foam & 33,500 # sd.									
										4438 - 4532										76,950 gal 70 quality foam 76,300# sd.									
33.* PRODUCTION																													
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)								WELL STATUS (Producing or shut-in)																			
10-21-80		Flow								S.I.																			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL--BBL.		GAS--MCF.		WATER--BBL.		GAS-OIL RATIO															
10-21-80		3		3/4		→				48																			
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL--BBL.		GAS--MCF.		WATER--BBL.		OIL GRAVITY API (CORR.)																	
20		860		→				379																					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY																			
Vented																													
35. LIST OF ATTACHMENTS																													
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																													
SIGNED		Veryl Moore								TITLE		Production Supt.				DATE		11-12-80											

**\*(See Instructions and Spaces for Additional Data on Reverse Side)**

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# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 29, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22; and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report for this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

## 37. SUMMARY OF POROSITY ZONES, SHOW ALL INTERVALS OF POROSITY AND CONTENTS THEREOF; CORE INTERVALS; AND ALL DRAUGHT TESTS, INCLUDING DEPTH INTERVAL TESTED, CUBIC FEET, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

## 39. (GEOLOGIC MARKERS)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE TEST DEPTH
Pictured Cliff	2042					
Cliff House	3660					
Dakota	6586					



OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator <b>Consolidated Oil &amp; Gas, Inc.</b>	
Address <b>P. O. Box 2038 Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Starr</b>	Well No. <b>1-M</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>990</b>	Feet From The <b>North</b>	Line and <b>1850</b>	Feet From The <b>West</b>
Line of Section <b>13</b>	Township <b>31N</b>	Range <b>13W</b>	, NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Inland</b>	<b>5101 E. Main Farmington, N.M. 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Southern Union Gathering</b>	<b>P. O. Box 398 Bloomfield, N.M. 87413</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>C</b>	<b>13</b>	<b>31</b>	<b>13</b>	<b>No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>						
Date Spudded <b>5-3-80</b>	Date Compl. Ready to Prod. <b>10-16-80</b>		Total Depth <b>6888</b>		P.B.T.D. <b>6853</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5779 RKB</b>	Name of Producing Formation <b>Mesa Verde</b>		Top Oil/Gas Pay <b>4438</b>		Tubing Depth <b>4458</b>			
Perforations <b>4438 - 4596</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/2</b>	<b>8-5/8</b>		<b>253</b>		<b>200 Sks.</b>			
<b>7-7/8</b>	<b>5 1/2</b>		<b>6888</b>		<b>1100 Sks.</b>			
	<b>1 1/2</b>		<b>4458</b>		<b>----</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>379</b>	Length of Test <b>3 Hours</b>	Bbls. Condensate/MMCF <b>48</b>	Gravity of Condensate
Testing Method (pilot, back pr.) <b>1 Pt. Backpress</b>	Tubing Pressure (Shut-in) <b>1000</b>	Casing Pressure (Shut-in) <b>1000</b>	Choke Size <b>3/4</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Seyrl Moore*  
(Signature)  
**Production Supt.**  
(Title)  
**11-12-80**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 26 1980**  
BY **Original Signed by FRANK L. CHAVEZ**  
SUPERVISOR DISTRICT # **3**

TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

