

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 ☐ gas ☒ other
well well

2. NAME OF OPERATOR

Consolidated Oil & Gas, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2038 Farmington, NM 87401

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

AT SURFACE: 1450' FSL & 1105' FEL

AT TOP PROD. INTERVAL: SAME

AT TOTAL DEPTH: SAME

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) ☐

SUBSEQUENT REPORT OF:

RECEIVED

NOV 16 1980

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

5. LEASE

SF 078464

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cain

9. WELL NO.

14 E

10. FIELD OR WILDCAT NAME

Basin Dakota

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

Sec. 25, T31N., R13W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5968 GR

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.)*

LOWER DAKOTA

10-3-80 Perf. at 6913,16,21,24,27,60,65,70,73,77.

10-4-80 Acidize with 500 gal 7½% NE HCL. Frac. with 40# cross-link
49,000 gal 1% KCL, 35,000 lbs. 20/40 sand. 7,500 lbs. 100
mesh sand. Max. Pressure 4,900. Average Pressure 4,600.
Inj. rate 15 BPM.

UPPER DAKOTA

10-21-80 Perf. at 6764,72,75,90,6808,18,22,25,28,32,34,37,39.

Acidize with 500 gal 7½% NE HCL. Frac with 52,000 gal
40# cross-link, 55,000 lbs. 20/40 sand. Max. pressure
4,400. Average pressure 4,200. Inj. rate 20 BPM.

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 11/5/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

BY BW