

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

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved. 10/10
Budget Bureau No. 42-R3556.

Fed.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☒		DRY ☐		Other ☐	
b. TYPE OF COMPLETION:		NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐	
				DIFF. RESTR. ☐				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 1100' FSL - 1100' FEL At top prod. interval reported below At total depth									
14. PERMIT NO.									
15. DATE SPUDDED 6-1-80									
16. DATE T.D. REACHED 6-15-80									
17. DATE COMPL. (Ready to prod.) 9-13-80									
18. ELEVATIONS (DF, REB, RT, GR, ETC.) * 5875 GR									
19. ELEV. CASINGHEAD 5886 KB									
20. TOTAL DEPTH, MD & TVD 6835									
21. PLUG, BACK T.D., MD & TVD 6807									
22. IF MULTIPLE COMPL., HOW MANY * 2									
23. INTERVALS DRILLED BY									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * 4376-4654									
25. WAS DIRECTIONAL SURVEY MADE No									
26. TYPE ELECTRIC AND OTHER LOGS RUN IES & Compensated Density									
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	267	12 1/4	200 sks.	None				
5 1/2	15 1/2	6835	7-7/8	1205 sks.	None				
29. LINER RECORD									
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)					
30. TUBING RECORD									
SIZE	DEPTH SET (MD)	PACKER SET (MD)							
1 1/4	4392	5050							
31. PERFORATION RECORD (Interval, size and number) 4376-4654 18 holes .32									
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED							
4376-4654		700 gal acid 104.50 gal							
		70 quality foam &							
		125,000 # sd							
33.* PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)				
9-20-80		Flowing			SI				
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.				
9-20-80	3	3/4	→		34				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.				
8#	942	→		273					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					TEST WITNESSED BY Teffeteller				
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 10-2-80					

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

NMCCO

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 33, 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.

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 on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROSITY ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	P. TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Dakota	6512					
Gallup	5648					
Mesa Verde	3560					
Picture Cliff	1957					

38.

GEOLOGIC MARKERS

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

Fed.

5. ~~XXXX-XXXXXX~~ AND SERIAL NO.
SF078463

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

b. TYPE OF COMPLETION:
NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ 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 1100' FSL - 1100' FEL
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Langendorf

9. WELL NO.
1-E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA
Sec. 34 - T31N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

15. DATE SPULLED 6-1-80 16. DATE T.D. REACHED 6-15-80 17. DATE COMPL. (Ready to prod.) 9-13-80 18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 5875 GR 19. ELEV. CASINGHEAD 5886 KB

20. TOTAL DEPTH, MD & TVD 6835 21. PLUG, BACK T.D., MD & TVD 6807 22. IF MULTIPLE COMPL., HOW MANY? 2 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6521-6776 Dakota 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN
IES & Compensated Density 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)						AMOUNT PULLED	
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	DIST.		
8-5/8	24	267	12 1/4			None	
5 1/2	15 1/2	6835	7 7/8			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	6622	5050

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6521 to 6776 33 holes .32		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		6521-6626	500 gal acid 66,000 gals X linked gel & 44,000 # sd.
			500 gal acid 70,000 X linked gel 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)	
9-13-80		Flowing				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-13-80	3	3/4			205		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
107	-			1640			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented TEST WITNESSED BY
Tefeteller

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 10-2-80

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

INSTRUCTIONS

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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 on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORDED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Dakota	6512		
Gallup	5648		
Mesa Verde	3560		
Picture Cliff	1957		

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH