

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 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100' FSL & 1100' 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) Water Disposal

SUBSEQUENT REPORT OF:

- ☐
☐
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APR 19 1984

☐ BUREAU OF LAND MANAGEMENT
☐ FARMINGTON RESOURCE AREA

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

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.)*

Approx. 500 bbls water was removed from evaporation pit on 2/6/84 to Tafoya #1, 1460' FWL & 1180' FSL (N), Sec. 35, T32N, R13W, San Juan Co., New Mexico, for use in killing this well & well workover. All of this water was pumped into this well.

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OIL CON. DIV.

DIST. 3rd @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Chester L. Deal TITLE Prod. Foreman DATE 4/17/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE ACCEPTED FOR RECORD

APR 20 1984

FARMINGTON RESOURCE AREA

BY [Signature]