

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" 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 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 100' FSL & 100' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5875' GR

5. LEASE DESIGNATION AND SERIAL NO. SF 078463	
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 BLANCO MESA VERDE	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 34, T31N, R13W	
12. COUNTY OR PARISH SAN JUAN	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Squeeze off MV zone.	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

- 6-11-85 MIRUSU. Nipple up BOP. TOH w/DK tbg. Set BP @ 4727'. Set Pkr @ 4722'. Set Pkr @ 4224' on 2-7/8" tbg. Press backside to 2000 psi. O.K. Halliburton squeeze cmt MV perfs 4376' to 4654' w/300 sx CIs "H" w/2% CaCl₂ 1/4# Flocele/sx. (56.6 bbl slurry). Final press 2400 psi. Rls Pkr & reverse out cmt plus 15 bbl. Rls Pkr & TOH. Left approx 180' cmt in csq. Press csq to 1000 psi.
- 6-12-85 TIH. Tag cmt @ 4228'. Drill out hard cmt to btm perf @ 4654'. TIH to 4715'. Press test csq to 2000 psi f/10 min. O.K. Circ hole clean. TOH. BP @ 4727'.
- 6-13-85 TIH w/1-1/2" prod tbg. Tagged up @ 6726'. Clean out w/N2 & foam to PBTD. Pull up hole & set tbg. 1-1/2" EUE, 2.90#, J-55 tbg. 205 its 6577'. Landed @ 6588'.
- 6-14-85 RREL @ 8:30 p.m.

RECEIVED
JUN 27 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Kay E. Chole TITLE Drilling & Production Tech. DATE 6-17-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE JUN 25 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY sm

NNOC