

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 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 830' FNL & 1610' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

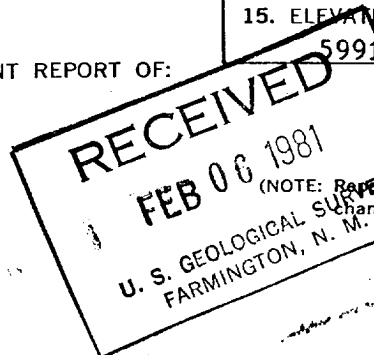
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐
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☐
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☐
☐
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5. LEASE

NM 021126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
NEUMAN

9. WELL NO.
1-E

10. FIELD OR WILDCAT NAME
BASIN DAKOTA

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

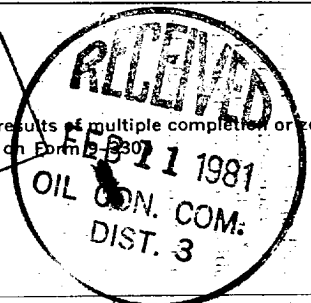
SEC. 20 T31N R12W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5991' GL



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.)*

1-26-81 Perf 6876, 80, 86, 90, 94, 98, 6902, 10, 17, 23, 36, 40, 44, 48, 52, 56, 60, 64. 18 perms .32" dia.
Acidized w/ 500 gal 7½% HCL.
Frac w/60,000 gal. 30# gel, 72,000# 20-40 sn. Max tr pr 3390 psi,
Avg tr pr 3000, Avg inj rate 28 BPM.

1-30-80 Ran 6905' of 1½" 29# tbg. Landed at 6915'.

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 2-4-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

*See Instructions on Reverse Side

NMOCG