

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30 045 27535

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Consolidated Oil & Gas, Inc.

3. Address of Operator
410 17th Street, Suite 2300, Denver, Colorado 80202

4. Well Location
Unit Letter A : 510 Feet From The North Line and 210 Feet From The East Line
Section 9 Township 32N Range 6W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6,110' GL - 6,126' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up pulling unit, trip in hole with 6-1/8" bit, 3-1/2" collars, and 2-7/8" drill pipe. Drill cement and cement shoe 2,400' to 2,422'. Drill formation 2,422' to 2,739' (TD). Rig up Schlumberger and log well interval 2,422' to 2,739' with GR/LBT/CNL. Trip in hole with 2-3/8" production tubing to 2,404' KB and install wellhead. Swab well down to obtain gas sample. Obtain a gas sample. Waiting on pipeline connection.

RECEIVED
MAR 28 1994
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alan C. Harrison TITLE District Operations Mgr. DATE 3-24-94
TYPE OR PRINT NAME Alan C. Harrison TELEPHONE NO. (303) 893-1225

(This space for State Use)

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