2. NA

3. AD

UNITED STATES · SUBMIT IN TRIPLICATE® OCTATION (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTER OR TRIBE NAME Jicarilla Apache	
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.)		
OIL GAS X OTHER	7. UNIT AGREEMENT NAME	
NAME OF OPERATOR	8. FARM OR LEASE NAME	
Consolidated Oil & Gas, Inc.	Huron	
ADDRESS OF OPERATOR	9. WELL NO.	
1860 Lincoln Ave., Denver, Colo. 80295	#3A	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT	

LOCATION OF WELL (Report See also space 17 below.)
At surface 1800' FSL & 790' FEL

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec.2, T26N, R4W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7232' G.L.

12. COUNTY OR PARISH | 13. STATE Rio Arriba

Mesa Verde

New Mexico

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE		PULL OR ALTER CASING MULTIPLE COMPLETE ARANDON*		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT*	
REPAIR WELL (Other)		CHANGE PLANS		(Other) (Note: Report results of mu Completion or Recompletion I	ltiple completion on Well 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.) *

11/12/77 MOL & RU - Spud 15" hole @ 7:00 p.m. 11-12-77.

11/13/77 Drlg 15" hole to 295' K.B. - Ran 7 jts. (279') 10 3/4" 32.75# H-40 casing & set @ 291' K.B. w/300 sx cl "B" w/2% Cacl, & 1/4#Celloflake/sk - Cement circ. WOC 12 hrs - test to 600 psi - 0.K.

SIGNED SIGNED	ect TITLE Sr. Drlg. Engr.	DATE 11/17/77
(This space for Federal or State office use		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side