

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

Contract #97

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tribal "C"

9. WELL NO.

#11-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

Sec. 8, T26N, R3W

N.M.P.M.

12. COUNTY OR
PARISH

Rio Arriba

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Consolidated Oil & Gas, Inc.

3. ADDRESS OF OPERATOR

1860 Lincoln Street, Lincoln Tower Bldg., Denver, CO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 890' FWL & 1850' FNL Sec. 8-T26N, R3W

At top prod. interval reported below Same as above

At total depth Same as above

14. PERMIT NO.

DATE ISSUED

10-31-77

15. DATE SPUDDED

1-4-78

16. DATE T.D. REACHED

1-11-78

17. DATE COMPL. (Ready to prod.)

3-7-78

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6925' RKB

19. ELEV. CASINGHEAD

6913'

20. TOTAL DEPTH, MD & TVD

6030' MD

21. PLUG BACK T.D., MD & TVD

5894' MD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

0-6030'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5371'-5870' Mesaverde

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IND/GR, FD/GR/CAL, SNP

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	32.75#	308'	15"	300 sx Cl "B" 2%	None
7"	23#	3900'	8-3/4"	150 sx 65-35 Poz + 100 sx Cl "B"	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4-1/2"	3690'	5935'	250		1-1/2"	5762'	None

31. PERFORATION RECORD (Interval, size and number)

5371'-5870' 44-3/8" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5371'-5870'	2000 gal 15% NE H cl
5371'-5870'	142,000 gal gelled 3% H cl
	+ 284,000 # sand

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
3-7-78		Flowing					SI - WO Pipeline	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
3-7-78	3	3/4"	→	None	143.5	None	-----	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
675 psig	85 psig	→	None	1148	None			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented for test

TEST WITNESSED BY
Craig Seaton

35. LIST OF ATTACHMENTS

Logs sent by Schlumberger

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

D.T. Stogner

TITLE

Chief Drilling and
Production Engineer

DATE March 21, 1978

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Mesaverde	5371'	5870'	Gas	Cliffhouse	5244'	5244'
				Menefee	5441'	5441'
				Point Lookout	5775'	5775'

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Contract #97

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tribal "C"

9. WELL NO.

11-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

Sec. 8, T26N, R3W NMP

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

Consolidated Oil & Gas, Inc.

3. ADDRESS OF OPERATOR

1860 Lincoln St., Denver, Colo 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

890' FWL & 1850' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6913' Gr.

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

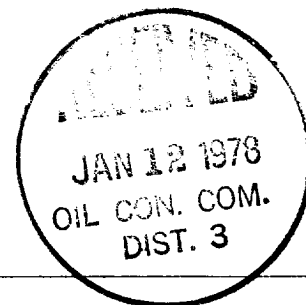
ABANDONMENT* ☐

(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.)*

1-4-78: MOL & RU - Spud 15" hole @ 8:00 P.M.

1-5-78: Drill 15" hole to 315' K.B. - Run 7 jts. (296') 10 3/4" 32.75# H-40 ST&C
Rge 3 casing & set @ 308' K.B. - Howco cemented w/300 sx C1 "B" w/2% CaCl₂
& 1/4# Flocele/sk. Cement circ. Plug down @ 6:30 A.M.
WOC 12 hrs - Test casing to 600 psi for 1/2 hr. - O.K.



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

SIGNED

OSU Whitcomb

TITLE

Sr. Drlg. Engineer

DATE

1-6-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: