

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

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 | | 5. LEASE DESIGNATION AND SERIAL NO. Contract #97 |
| 2. NAME OF OPERATOR Consolidated Oil & Gas, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR 1860 Lincoln St., Denver, Colo 80295 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 390' FWL & 1850' FWL | | 8. FARM OR LEASE NAME Tribal "C" |
| 14. PERMIT NO. | | 9. WELL NO. 11-A |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6913' Gr. | | 10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T26N, R3W NMPM |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE New Mex. |

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) | | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input checked="" 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) Case & Cement | | | <input checked="" 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.)*

1-9-78: Drill 8 3/4" hole to 3900' K.B. - Ran 89 jts. (3888') 7" 23# K-55 Rge 3 csg. to 3900' K.B. & cemented w/150 sx 50-50 poz w/12% gel & 100 sx C1 "B" w/2% CaCl₂ & 1/2# Flocele/sk - Good circ. Plug down @ 3:00 a.m. - WOC 12 hrs. Test to 1000 psi - O.K. Cement top 2150' by temperature survey.

1-10-78: Drill 6 1/2" hole to 6030' K.B. - Ran T-CR, SNP & FDC Logs.

1-11-78: Ran 57 jts. (2245') 4 1/2" 10.5# K-55 Rge 3 (Liner) & set @ 5935' K.B. F.C. @ 5894' K.B. - Top liner @ 3690' K.B. - Cemented w/250 sx 50-50 poz w/4% gel, 0.4% FIA & 10# fine Gilsonite/sk. - Plug down @ 10:30 p.m.

Waiting on Completion Rig

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

SIGNED *[Signature]*

TITLE Sr. Drlg. Engr.

DATE 1-16-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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