

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R/424.
5. LEASE DESIGNATION AND SERIAL NO.
Contract #101

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 <input type="checkbox"/> | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 2. NAME OF OPERATOR Consolidated Oil & Gas, Inc. | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Denver, Colorado 80295 | 8. FARM OR LEASE NAME Huron |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' FSL & 980' FWL | 9. WELL NO. 2-E |
| 14. PERMIT NO. | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7162 KB | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA "M" Sec. 2, T26N, R4W |
| | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE New Mexico |

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) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input 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.)*

9/18/79: Perf Dakota 8056-58-62-66-69-73-77-93-95-97 with 1 shot per ft. (0.31" hole - 10 holes). Acidize with 500 gals. 7-1/2% NE acid and 750 gals. 15% NE acid.

9/28/79: Clean out open hole to 8359. Run and set 3-1/2" 9.3# tubing slotted from 8195-8254.

9/29/79: Frac Dakota in 2 stages:
1st stage 40,000 gals. gelled fluid and 47,500# 20-40 sand. Maximum treat press. 1500#. Average press. 1500# @ 24 BPM. Pumped 10,000 gals. diverting gel.
2nd stage 40,000 gals. gelled fluid and 47,500# 20-40 sand. Maximum treat press. 2000#. Average press. 1950# @ 37 BPM.

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

SIGNED

Manuel J. Sandoz

TITLE Senior Production Engr.

DATE Feb. 6, 1980

(This space for Federal or State office use)

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 11 '80

BY

DISTRICT

*See Instructions on Reverse Side

