## **UNITED STATES**

SUBMIT IN TRIPLICATE.

Form approved.

(May 1803)	DE		T OF THE LOGICAL SUF		(Other instru verse side)	ections on re-		NATION AND SERIAL 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—" for such proposals.)								6. IF INDIAN, ALLOTTED OR TRIBE NAME  Jicarilla Apache		
7.								FENT NAME		
OIL GAS X OTHER								#101		
2. NAME OF OPERATOR  Consolidated Oil & Gas, Inc.								ASE NAME		
3. ADDRESS OF OPERATOR 9.								· · · · · · · · · · · · · · · · · · ·		
1860 Lincoln St., Suite 1300, Denver, CO. 80295										
See also space 17 below.) At surface								POOL, OR WILDCAT		
								11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec 5, T26N, R4W		
14. PERMIT NO.		15.	RLEVATIONS (Show 7243 GL	whether DF, RT,	GR, etc.)		12. COUNTY OR Rio Arr	PARISH 13. STATE		
16.	CI	eck Approp	riate Box To In	dicate Natu	re of Notice.	Report, or Ot	her Data			
à,	•	OF INTENTION	•		· · · · · · · · · · · · · · · · · · ·	•	NT REPORT OF:			
TEST WATER FRACTURE TE SHOOT OR AC REPAIR WELL	CIDIZE	MULTI ABAND	OR ALTER CASING PLE COMPLETE ON* E PLANS		WATER SHUT- FRACTURE TR SHOOTING OR (Other)	EATMENT	ALTE ABAN	RIRING WELL PRING CASING DONMENT*		
proposed v nent to <b>th</b> is	work. If well is work.)* Drill 14	is directionally	drilled, give subsu	rface locations Run 10-3/	tails, and give p and measured a	ind true vertical	ncluding estima depths for all i	ted date of starting any markers and zones perti-		
	Cement w	v/300 sks	class B ne	at 2% CC						
9-17-79	Cement w	v/150 sks	to 4300'. 65-35 poz PM 9-17-79					sing to 4299† neat 2% CC		
9-22-79	4143 .	Haliburt		w/350  sk	s 50/50 p			99 Top of line		
							A. A.			
								radio i		
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						- Mar - 1				
18. I hereby cert	ify that the for	regoing is true	and correct							
signed	Lery	Moo	40	TLE Produ	ction Sup	erintenden	t DATE	9-18-79		
(This space f	for Federal or	State office use	)							

754442

APPROVED BY \_\_\_\_\_\_ CONDITIONS OF APPROVAL, IF ANY: