

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or place a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Consolidated Oil & Gas, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 2038, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1785' FNL & 837' FWL

14. PERMIT NO.
API #30-039-22101

15. ELEVATIONS (Show whether at surface or at depth, etc.)
7243' GR

5. LEASE DESIGNATION AND SERIAL NO.
Contract 119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HOYT

9. WELL NO.
1E

10. FIELD AND POOL, OR WILDCAT
B.S. Mesa Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5, T26N, R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

MIRUSU. Blew well down & killed tbq w/ 50 bbl wtr. Removed wellhead & installed BOP. Dilled csg w/ 50 bbl wtr. TOH w/ 1-1/2" tbq. Ran retr bridge plug & set @ 7800'. Pr tested. Ran CCL, CLC & GR to check depth. Perfed 7708-7740' w/ 9 .38" dia holes. Acidized w/ 500 gal 7-1/2% HCl & 14 NCRBs. 32 BPM, 2800psi. ISIP 800. Cleared perfs. Frac down csg as follows: 20,000 gal pad, 20,000 gal @ 1 PPG 20/40 sd, 20,000 gal @ 2 PPG 20/40 sd, 280 bbl KCl flush. Total of 60,000 gal 30# gel w/ 1% KCl & 1 gal surfactant per 1000 gal & 60,000# 20/40 sd. ISIP 1300. Set retr bridge plug @ 7680' & pr test, OK. Perfed 7362-7630' w/ 1 shot every 4', 68 shots, .38" dia. Acidized w/ 1000 gal 7-1/2% HCl & 102 NCRBs. Cleared perfs. Frac down csg w/ 30# gel containing 1% KCl & 1 gal surfactant per 1000 gal & 100,000# 20/40 sd as follows: 35,000 gal pad, 30,000 gal @ 1 PPG, 35,000 gal @ 2 PPG, 278 bbl flush. ISIP 1200, 15 min 1000. Total fluid to recover 5180 bbl. Job complete at 9:30 pm 6-4-84.
6-5 thru 13 Swabbing & cleaning up.
6-14-84 Ran Gallup tubing as follows: 237 jts, 1-1/2", 2.9#, EUE, V-55, landed at 7568'KB, SN @ 7535'. Removed BOP & nipped up wellhead. Swabbing & cleaning up to test.

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

SIGNED Barbara C. Rex TITLE Prod. & Drlg. Technician DATE 6-20-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

MOCC

JUN 26 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA