

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Cont. 119	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		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 P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401		8. FARM OR LEASE NAME NORTHWEST FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 1550 PSL & 950 PSL At top prod. interval reported below As Above At total depth As Above		9. WELL NO. 3-E	
14. PERMIT NO. _____ DATE ISSUED. _____		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA	
15. DATE SPICED 10-18-80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 6 T26N R4W	
16. DATE T.D. REACHED 10-29-80		12. COUNTY OR PARISH RIO ARRIJA	
17. DATE COMPL. (Ready to prod.) 2-2-81		13. STATE NEW MEXICO	
18. ELEVATIONS (OF, BSB, RT, CR, ETC.)* 7112' RKB		19. ELEV. CASINGHEAD 7110'	
20. TOTAL DEPTH, MD & TVD 8300'		21. PLUG, BACK T.D., MD & TVD 8212'	
22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY ROTARY TOOLS ☒ CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* DAKOTA 8024' to 8206'		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR. - CBL - CLL, CNL-DOG IES		27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in hole)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10 3/4"	32.75	324'	14 3/4"
7 5/8"	26.4	4030'	9 7/8"
5 1/2"	15.5	8262'	6 1/4"
30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	PACKER SET (MD)
5 1/2"	3750	8262	7650
31. PERFORATION RECORD (Interval, size and number)			
8024' to 8206'			
20 - .40 Holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
8024' - 8206'		Acidize w/1000 gal. and Frac w/81,900 gal 40# X-Linked & 85,350# 20-40 sd.	
33. PRODUCTION			
DATE FIRST PRODUCTION 2-2-81	PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) FLOW		WELL STATUS (Producing or shut-in) S.I.
DATE OF TEST 2-2-81	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD OIL--EBL. 142 GAS--MCF. 1137 WATER--EBL. _____ OIL GRAVITY-API (CORR.) _____
FLOW, TUBING PRESS. 70	CASING PRESSURE ---	CALCULATED 24 HOUR RATE ---	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENT			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.			
SIGNED <i>[Signature]</i>		TITLE ASSISTANT PROD. SUPT.	
DATE 2-24-81		FARMINGTON DISTRICT	

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

NMOCG

General: This form is designed for submitting a complete and correct well completion report and log on all types of holes and cased holes 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 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 29, 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 (surface, geologic, stratigraphic and core analyses, 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 completions), so state on 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: "Seeks 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 FORMER ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DEPTH-TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAN DEPTH	TRUE VERT. DEPTH
Dakota	8015'	-	Ss, fn gr, qtz ss & carb sh w/ occ congl & coals.	Ojo Alamo PC Cliff House Pt Lookout Caliup Greenhorn Dakota PSTD TD	not logged " " 5435' 5974' 6582' 7940' 8015' 8212' 8300'	same same same same same same same same