

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 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"/>		5. LEASE DESIGNATION AND SERIAL NO. Jic. Contr. #97	
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O.Box 2038, Farmington, N.M. 87499		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 815' FSL & 790' FWL (SW/SW) (M)		8. FARM OR LEASE NAME TRIBAL C	
14. PERMIT NO. API #30-039-23458		9. WELL NO. 6E	
15. ELEVATIONS (Show whether by, etc.) 7118' GR, 7131' KB		10. FIELD AND POOL, OR WILDCAT Wildhorse Gallup Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5, T26N, R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) "Conclude Drlg" <input checked="" type="checkbox"/>	XX
(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.)*

- 7-23-84 Drilled 9-7/8" hole to 4150'. Circ, prep to run intermediate csg. Ran 106 jts 7-5/8", 29.70# & 26.40#, LT&C & ST&C, K-55 csg set at 4150'. Cmt w/ 1020 ft³ 65/35 pozmix, 6% gel, 2% CaCl₂, 1/2 ft³ perlite followed by 280 ft³ 50/50 pozmix, 2% gel, 1/2# cello/sx, 2% CaCl₂. Plug down @ 6:00 PM. Cut off csg & set slips.
- 7-24-84 WOC 13 hr. Pr test csg & BOP to 1500 psi, OK.
- 7-25-84 Drilling with gas, hole size 6-3/4".
- 7-30-84 Drilled 6-3/4" hole to TD (8310') at 5:30 PM. TOH to 4100', mud up. TIH & clean out fill.
- 8-1-84 TOH for logs. Ran IES/SP/GR, FDC/CNL/Cal/GR from TD to 4150'. TIH & circ.
- 8-2-84 Ran 104 jts 5-1/2", 15.5# ST&C, 8rd, J-55 new csg set at 8307' (top of liner at 3923'). Cmt w/ 700 ft³ 50/50 pozmix w/ 6-1/4# Gilsonite/sx, 10% CaCl₂, .06% FLA. Plug down @ 12:45 PM.
- 8-3-84 Nippled down BOP, released rig.

RECEIVED
AUG 22 1984

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

SIGNED BUD W.

TITLE Engineering Ass't

DATE 8-7-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MOCC

AUG 21 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY SM