

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 ☐ 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 1993' FSL & 1600' FEL

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

15. ELEVATIONS (Show whether on RT, CR, etc.)  
6106 BLM, 6119 BLM

5. LEASE DESIGNATION AND SERIAL NO.  
SF 079160A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
CANDADO

9. WELL NO.  
1E

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 15, T26N, R7W

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"/>	

SUBSEQUENT REPORT OF:

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

7-9-84 Spud 12-1/4" surface hole @ 3:30 PM. Drill to 275'. Circ & TOH. Ran 6 jts of 8-5/8", 24#, LS, ST&C casing set at 267'. Cmt w/ 212 cu ft Cl"B" w/ 2% CaCl<sub>2</sub> & 1/4# flocele/sk. Circ 14 bbl to surface. Plug down @ 10:15 PM 7-9-84. WOC 11-1/2 hours.

7-10-84 Pr test BOP to 1000 psi, OK. Drilled cmt & float. Resumed drilling, hole size 7-7/8".

RECEIVED  
JUL 23 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician DATE 7-11-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_ DATE JUL 19 1984

NMOCC

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

RV Smn