

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 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. Jicarilla Contr.97	
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR PO Box 2038, Farmington, New Mexico 87401		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 790' FSL & 790' FWL (SW/SW) (M)		8. FARM OR LEASE NAME TRIBAL C	
14. PERMIT NO. API #30-039-23504		9. WELL NO. 12E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6952' GR, 6965' KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T26N, R3W	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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"/>		

(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.)*

9-4-84 MIRU & install BOP. Pr test liner to 3000 psi, OK.
9-5-84 Drilled hard cmt @ 8044' & circ hole clean. Ran GR & Cmt Bond Log. Cement top @ approx 1935'.
9-6-84 Perf Dakota 7841-71', 7937-56', 7967-99', 8008-30' w/ 1 SPF, .38" dia, total 107 perfs. Break down @ 2190 psi, ISIP 1100 psi. Acidized w/ 1000 gal 7-1/2% HCl w/ 160 balls & 1% KCl wtr. Balled off. Rec 105 balls. Frac w/ 100,000 gal 30# gel wtr w/ 1% KCl & 1 gal surfac per 1000 gal & 105,000# 20/40 sd as follows: 30,000 gal pad, 35,000 gal w/ 1 PPG 20/40 sd, 35,000 gal w/ 2 PPG 20/40 sd, displ w/ 280 bbl 1% KCl wtr. ISIP L800, 15 min 1550.
9-7/11 Swabbing & cleaning up.
9-12-84 Ran 249 jts of 1-1/2", 2.9#, EUE tubing & landed @ 8004'KB. Rig down BOP & nipple up wellhead. Continue to clean up.

Note: Correct setting depth of of 5-1/2" casing is 8145'KB.

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

SIGNED Barbara C. Rex

TITLE Prod. & Drlg. Technician DATE 9-21-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE SEP 25 1984

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCC

RV Sm