Form 3160-5 (November 1983) - (Formerly 9-331)

UNITED STATES SUBMIT IN TRIPLICATES Other instructions on reverse aide)

Form approved. Budget Bureau No. 1004-0135 Express August 31, 1985 5. LEAST DESIGNATION AND BEEIAL NO.

BUREAU OF LAND MANAGEMENT Xcarilla Contr.#152 INDIAN, ALLOTTEE OR TRIBE NAME

S	UNDRY NO	ICES AND	REPORTS	ON WELLS
(Do not use	this form for propo	sals to drill or	to deepen or plug	back to a different re-

Jicarilla Apache

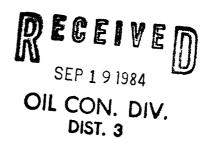
	Use "APPLICATION FOR PERMIT— IN MICH Proposition"	<u> </u>
ī.	OIL GAS X OTHER	7. UNIT AGREEMENT NAME
<u>-</u>	NAME OF OPERATOR	8. FARM OR LEASE NAME
-	Consolidated Oil & Gas, Inc.	JICARILLA
<u>.</u> -	ADDRESS OF OPERATOR	9. WBLL NO.
•	PO Box 2038, Farmington, N,.M. 87499	3 E
â	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT ;
	See also space 17 below.) At surface	Tapacito Gallup ext.
	See also space 17 below.) At surface 1800' FNL & 1700' FWL (SE/NW)(F)	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARTA
		Sec 8, T26N, R5W
-	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OF PARISE 13. STATE
17		Rio Arriba N.M.
_	API #30-039-23505 6975'GR, 6988'KB	
- 16	Charle Appropriate Box To Indicate Nature of Notice Report, or	Other Data

Charle A paragrate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR AUTER (MULTIPLE COMP: ABANDON*	V	WATER SHCT-OFF FRACTORE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL (Other)	CHANGE PLANS		(Other) (Norr: Report results of Completion or Recompletio	nultiple completion on Weil n 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 gones pertinent to this work.)*

This well has been drilled to a TD of 8040'KB. It is our intent to complete the Gallup zone, approximately 6900' to 7400', and complete as a Dakota/Gallup dual well.



	APPROVED
18. I hereby certify that the foregoing is true and correct SIGNED Lincular. Let TITE	Prod. & Drlg. Technician DATE 9-11-84
(This space for Federal or State office use)	SEP 1 8 1984
APPROVED BY TITE CONDITIONS OF APPROVAL, IF ANY:	S/arian & Hiner acting AREA MANAGER
\wedge	Moc FARMINGTON RESOURCE AREA
*See Inst	uctions on Revene Side

18. I hereby certify that the foregoing SIGNED Darboure (This space for Federal or State	te office use)	od. & Drlg. Techni	cian DATE 9-11-84	-
SIGNED Barbarer	C. Rex TITLE Pro	od. & Drlg. Techni	cian DATE 9-11-84	
18. I hereby certify that the forego		od. & Drlg. Techni	cian 9-11-84	-
				_
				-
as a Dakota/Gal	lup dual well.			-
complete the Ga	allup zone, approxim	mately 6900' to 74	00', and complet	е
	peen drilled to a Ti	D of 8040'KB. It.	is our intent to	
17. DESCRIBE PROPOSED OR COMPLETE! proposed work. If well is di nent to this work.)	D OPERATIONS (Clearly state all pertine irectionally drilled, give subsurface loc	nt details, and give pertinent dates ations and measured and true vertices.	s, including estimated date of sta cal depths for all markers and so	rting any nes perti-
(Other)		(Note: Report result Completion or Recomp	s of multiple completion on Well pletion Report and Log form.)	
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING (Other)	ABANDONMENT*	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
TEST WATER SHCT-OFF	PCLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
	c Appropriate Box to Indicate I		Other Dots Other Dots Other Dots	
	Appropriate Box To Indicate I			
14. PERMIT NO. API #30-039-235	15. ELEVATIONS (Show whether D		Rio Arriba N.	
			Sec 8, T26N, R5	
1800' FN	IL & 1700' FWL (SE/	/NW)(F)	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA	
See also space 17 below.) At surface			Tapacito Gallup ex	t.
PO Box 2038, F	armington, N,.M. 8 lon clearly and in accordance with any	37499	3E 10. FIELD AND POOL, OR WILDCO	AT :
3. ADDRESS OF OPERATOR			9. WELL NO.	 - -
2. NAME OF OPERATOR Consolidated Oi	1 & Gas Inc		8. FARM OR LEASE NAME JICARILLA	
OIL GAS X OTHE				<u></u>
Use "APP	LICATION FOR PERMIT—" for such I	proposals.)	7. UNIT AGREEMENT NAME	
SUNDRY N	OTICES AND REPORTS roposals to drill or to deepen or plug PLICATION FOR PERMIT—" for such I	ON WELLS back to a different reservoir.	Jicarilla Apach	e
	REAU OF LAND MANAGEMEN		Jicarilla Contr 6. IF INDIAN, ALLOTTEE OR TRI	.#152 BE NAME
	RTMENT OF THE INTER		5. LEASE DESIGNATION AND BEE	IAT NO.
Form 31505	UNITED STATES	SUBMIT IN TRIPLICATES	Budget Bureau No. 100 Expires August 31, 198	