

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. 152
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, NM 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 1800' FNL & 1700' FWL (SE/NW)(F)	8. FARM OR LEASE NAME JICARILLA
14. PERMIT NO. API #30-039-23505	9. WELL NO. 3E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6975'GR, 6988'KB	10. FIELD AND POOL, OR WILDCAT Basin DK/Tapacito GP ext.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T26N, R5W
	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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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.)*

2-2-85 RU to workover. ND wellhead & NU BOP.
2-4-85 Pulled 2-1/16" GP tbg string. TOH w/ DK tbg, found bad jt. Laid down tbg. Killed well.
2-6-85 Ran 241 jts of 1-1/2" DK tbg landed @ 7965'.
2-7-85 TIH w/ 230 jts of 2-1/16" GP tbg, latched onto anchor & pulled to space out. Turned tbg to release anchor & tbg parted. Screwed into fish & pulled, tbg parted again. Fishing.
2-8-85 Recovered fish. Ran 241 jts of 1-1/2", 2.76#, IJ DK tbg, landed @ 7965', SN @ 7927'. Ran 229 jts of 2-1/16", 3.25#, IJ GP tbg, landed @ 7397', SN @ 7360'. ND BOP & NU wellhead.
2-20-85 RU swabbing unit, made 7 runs.
2-21/3-5 Unable to reach location due to muddy roads.
3-7/8 Installing production equipment.
3-9/14 Unable to reach location due to muddy roads.

RECEIVED

MAR 27 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Barbara C. Rex

TITLE Engineering Technician DATE 3-15-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side