

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	5. LEASE DESIGNATION AND SERIAL NO. Jic. Contr. 119
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 1520' FSL & 790' FEL (NE/SE)(I)	8. FARM OR LEASE NAME NORTHWEST
14. PERMIT NO. API #30-039-23578	9. WELL NO. 4E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6835'GR, 6849'KB	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T26N, R4W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data PAGE ONE OF TWO

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☒
SHOOTING OR ACIDIZING ☒
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

Note: Top of 5-1/2" casing liner @ 3632' (not previously reported).
12-26-84 RUSU. NU BOP.
12-27-84 Drilled cmt to float collar @ 7963' (correction from previous report). CO w/ 1% KCl wtr.
12-28-84 Ran Cmt Bond log, FDL & GR/CCL. Pr test to 3000#, OK. Perf Dakota w/ 1 SPF, .38" dia: 7888-71', 7866-34', 7825-04', 7792-76', 7730-7695' (127 perfs).
12-29-84 Acidized w/ 1000 gal 7-1/2% HCl & 191 balls. Frac down csg w/ 30# gel containing 1% KCl & 1 gal/1000 gal surfactant & 105,000# 20/40 sd: 30,000 gal pad, 35,000 gal w/ 1 PPG sd, 35,000 gal w/ 2 PPG sd. Flush w/ 273 bbl 1% KCl wtr. ISIP 2000, 15 min 1950. 3213 bbl to rec. Set 5-1/2" retr BP @ 7300' & pr test to 3000#, OK. Perf Gallup w/ 1 SPF, .38" dia 7240' to 7206', 35 holes.
1-2-85 Acidized w/ 500 gal 7-1/2% HCl & 53 balls. Frac down csg w/ 30# gel containing 1% KCl & 1 gal/1000 gal surf & 40,000# 02/40 sd: 15,000 gal pad, 10,000 gal w/ 1 PPG sd, 15,000 gal w/ 2 PPG sd. 270 bbl 1% KCl flush, 1771 bbl to rec. ISIP 1400, 15 min 1250. Set 5-1/2" retr BP @ 7175'. Pr test to 3000, OK. Perf upper Gallup w/ 1 SP4', .38" dia: 7140-36', 7130-04', 7078-72', 7062-20', 6998-90', 6982-75', 6966-34', 54 perfs.

CONT'D.

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

SIGNED Barbara C. Rex

TITLE Engineer in Charge

DATE 2-4-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

MAR 26 1985

DATE

OIL CON. DIV.

DIST. 3

*See Instructions on Reverse Side

NMOCC

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15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6835' GR, 6849' KB	10. FIELD AND POOL, OR WILDCAT BS Mesa Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T26N, R4W
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data PAGE TWO OF TWO

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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"/>		<input type="checkbox"/>

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1-3-85 Acidized Gallup down csg w/ 1000 gal 7-1/2% HCl w/ 81 balls.
Frac down 5-1/2" csg w/ 30# gel containing 1% KCl & 1 gal/1000
gal surfactant: 30,000 gal pad, 25,000 gal @ 1 PPG sd, 35,000
gal w/ 2 PPG sd, 255 bbl 1% KCl flush, 95,000# 20/40 sd.
ISIP 1000. 2676 bbl to rec.

1-4-85 CO to BP @ 6925' & rec.

1-5-85 CO to BP @ 7175' & rec.

1-6/14 Cleaning up & swabbing.

1-15-85 CO w/ N₂ to PBTD @ 7963' (FC). Set Retr"D" prod pkr @ 7350'.

1-16-85 Ran DK tbg: 234 jts, 1-1/2" IJ, 2.76#, J-55 landed @ 7822',
SN @ 7789'.
Ran GP tbg: 228 jts, 2-1/16", 3.25#, IJ, J-55 landed @ 7321',
SN @ 7283'.

1-17-85 Swab. Pump out DK Plug. Swab. Rel rig.
Will clean up to test.

RECEIVED

MAR 26 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Barbara C. Lex

TITLE Engineering Technician DATE 2-4-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC