

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.	8. FARM OR LEASE NAME LINDA
3. ADDRESS OF OPERATOR PO Box 2038, Farmington, NM 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 840' FSL & 790' FWL (SW/SW) (M) 154755	10. FIELD AND POOL, OR WILDCAT Blanco MV/Ballard PC
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6082' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T27N, R8W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	EXPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE REFINED 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.) *

After moving on location for well repairs and fishing stuck tubing, it is our intent to test the upper section of the casing. If necessary, we will squeeze with 236 cu ft Cl"H" cement w/ 2% CaCl₂.

After the fact approval.

RECEIVED
MAR 15 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Barbara C. Rex

TITLE Engineering Technician

APPROVED
DATE 1-24-85
AS AMENDED

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAR 13 1985

at
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC