

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	5. LEASE DESIGNATION AND SERIAL NO. SF 078463
2. NAME OF OPERATOR Consolidated Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2038, Farmington, New Mexico 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 590' FSL & 1850' FWL (SE/SW) (N)	8. FARM OR LEASE NAME Nance
	9. WELL NO. 1E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T31N, R13W
14. PERMIT NO. API # 30-045-25894	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5595' GR, 5608' KB	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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

PULL OR ALTER CASING

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

REPAIRING WELL

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

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) "Commence Drilling Op'ns" ☒

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

17. HAS RISE 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.)

4-8-84 Spud 12-1/4" surface hole at 1:00 PM. Drilled to 280'.  
Ran 6 jts (262.52') 8-5/8", 24#, ST&C casing set at 277'KB.  
Cemented w/ 295 cu ft C1"B" w/ 2% CaCl<sub>2</sub> & 1/4# celloflake/sk.  
Good circ, 3 bbl cmt to surface. Plug down at 10:00 PM.  
Waiting on cement.

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

SIGNED *Barbara C. Rex*

TITLE *Prod. & Drlg. Technician* DATE *April 9, 1984*

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 10 1984

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY

*Sm*