

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| |
|---|
| WELL API NO. |
| 30 045 27616 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |

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"
(FORM C-101) FOR SUCH PROPOSALS.)

| | |
|--|--|
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> Coalbed Methane OTHER | 7. Lease Name or Unit Agreement Name Carnes 32-6-11 |
| 2. Name of Operator Consolidated Oil & Gas, Inc. | 8. Well No. 1 |
| 3. Address of Operator 410 17th Street, Suite 2300, Denver, CO 80202 | 9. Pool name or Wildcat Basin Fruitland Coal |
| 4. Well Location Unit Letter <u>L</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>230</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>32N</u> Range <u>6W</u> NMPM San Juan County | |

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6,149' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <u>Stimulation Treatment</u> <input checked="" type="checkbox"/> | |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On September 21, 1994, the Fruitland Coal formation (i.e., gross perforated interval - 2672' - 2719') was acidized with 750 gals. 15% HCL acid.

On September 26, 1994, the well was frac'd with 811 slurry bbls. of 65 Quality Nitrogen foam containing 105,000 lbs. 20/40 mesh sand and 50,000 lbs. of 16/30 mesh sand. Average treating rate and pressure was 25 BPM and 3500 PSI, respectively.

RECEIVED
DEC 15 1994

OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alan C. Harrison TITLE District Operations Mgr. DATE 12-13-94
TYPE OR PRINT NAME Alan C. Harrison TELEPHONE NO. (303) 893-1225

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 DATE DEC 15 1994
CONDITIONS OF APPROVAL, IF ANY: