NO. OF COPIES RECEIVED	/ Form C-103
DISTRIBUTION	Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	
u.s.g.s.	Sa. Indicate Type of Lease
LAND OFFICE	State Fee 2
OPERATOR (5. State Oll & Gas Lease No.
CUNDOW MOTIOFS	XIIII XIIII XIII XIII XIII XIII XIII X
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 1. SEPTIME OF THE PROPOSALS.)	
1.	7. Unit Agreement Name
OIL GAS X OTHER.	7. Out Adresment Hame
2. Name of Operator	8. Farm or Lease Name
Consolidated Oil & Gas, Inc.	Montoya
3. Address of Operator	9. Well No.
1860 Lincoln Street, Lincoln Tower Bldg., Denver, CO 80295	1-A
4. Location of well	10. Field and Pool, or Wildcat
UNIT LETTER 111 1850 FEET FROM THE SOUTH LINE AND 790 FEET FROM	Blanco Mesaverde
THE East LINE, SECTION 35 TOWNSHIP 32N RANGE 13W NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
5874' GR	San Juan
Check Appropriate Box To Indicate Nature of Notice, Report or Otl	ier Data
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER Amended Location	
other Amended Location X	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1 103.	
work) SEE RULE 1103.	estimutea date of starting any propos
Plats showing new location are attached. There will be no	ahanaa in the
original drilling program as a result of this change in loc	ation :
	acton.
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	and the same of th
	100 FARTON
	Service Control
•	
C Thereby and the state of the	All Areas and the second of th
6. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
D. T. Stogner, Jr. Chief Drilling and	
FIGHED Stoppen A. TITLE Production Engineer	DATE May 3, 1978
Original Signed by A. Hondrick	Balk 1

CONDITIONS OF APPROVAL, IF ANY: