

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
970' FSL x 1120' Fe1

14. PERMIT NO.

15. ELEVATIONS (Show whether DR, RT, GR, etc.)
6833' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract 146

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Contract 146

9. WELL NO.
33

10. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE/SE Sec. 10, T25N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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FEB 28 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☒	CHANGE PLANS	☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐

(Other) _____
(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.)*

Amoco Production Company requests approval to repair the subject well according to the attached procedure.

MAR 08 1985
OIL CON. DIV.
DIST. 3

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

SIGNED B. D. Shaw TITLE Admin. Supervisor

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
DATE 2-25-85

DATE 2-25-85
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT WORKOVER

DATE: 2-15-85

OPERATIONS TO BE PERFORMED: (CIRCLE ONE) RECOMPLETION REPAIR SERVICE

LEASE AND WELL JICARILLA CONTRACT 146 #33 FIELD BLANCO MESAVERDE

FORMATION MESAVERDE LOGS DIL-GR-SP; CDL-CNL-CALIPER.

LOCATION 970' FSL X 1120' FEL; SEC. 10; T25N; R5W; RIO ARRIBA Co., NM.

COMP. DATE 10-23-81 EL: 6833' GL TD: 5620' PBD: 5562'

CSG: 8 5/8" 24 # K-55 @ 285'; 5 1/2" 14 # K-55 @ 5605'

COMP. INT. 5336' - 5519' ORIG. STIM. 59,000 GAL. 20 # GEL X 83,000 # 10-20

IP 322 MCFD ON 12-10-81 CURRENT PROD. INT. 5336' - 5519'

PURPOSE: CHEMICAL TREATMENT TO REMOVE WATER/EMULSION BLOCK - PERMANENTLY INSTALL 1" COILED TUBING FOR DELIQUIFICATION.

WJH TKA TWE GOM MCH
DHS RGR
 BVD
 GMK

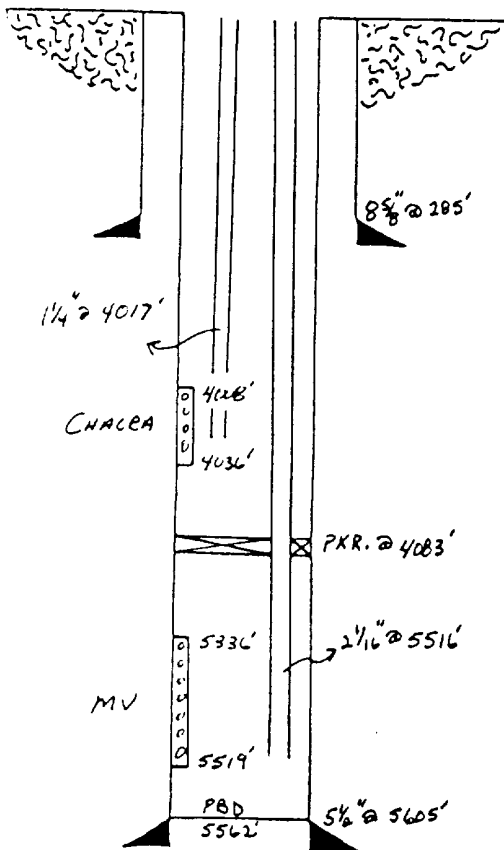
5/PERMITTING DESK

MES
 EDA
 ENGR FILE

WELLBORE SKETCH

PROCEDURE

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 OIL CON. DIV.
 DIST. 3



1) TIH WITH 1" COILED TUBING (DOWN 2 1/16" TBS.). DISPLACE ALL FLUID FROM WELLBORE AND BLOW HOLE DRY WITH NITROGEN.

2) PUMP 330 GALLONS SUPER A-SOL / WA-766 (5 DRUMS SUPER A-SOL AND 1 DRUM WA-766) DOWN COILED TUBING. CHEMICALS WILL BE AT OUR DRAKE STREET YARD. DISPLACE CHEMICAL INTO FORMATION WITH 25,000 SCF OF NITROGEN.

3) SI WELL 1 HOUR, OPEN UP WELL AND FLOW BACK N₂.

4) INSTALL NECESSARY WELLHEAD EQUIPMENT FOR PERMANENT INSTALLATION OF 1" COILED TUBING.

5) PUT WELL ON PRODUCTION.

*NOTE:

THE COST OF THE COILED TUBING SHOULD BE CHARGED OUT AS AN INVESTMENT.

DISTRICT MANAGER [Signature]
 DISTRICT ENGINEER [Signature]
 DISTRICT FOREMAN T. W. [Signature]
 ENGINEER MICHAEL BARNES
 DATE 2-21-85
 ENGSPE

ENG-40