

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Apache Tribal 124

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SE/SW Sec. 24, T25N, R4W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

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

415' FSL X 2065' FWL

RECEIVED

JUL 11 1984

14. PERMIT NO.

15. ELEVATIONS (Show whether DY, RT, CR, etc.)

BUREAU OF LAND MGMT.  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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 request approval to repair a casing leak that has been found in the surface casing near the surface of the subject well according to the attached procedure.

RECEIVED

JUL 16 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED

Original Signed By  
B. D. Shaw

TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

DATE 7-9-84

APPROVED

W. L. Stan McKee

AREA MANAGER

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Amoco Productions Company

DIST. 3

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface

415' FSL X 2065' FWL

At top prod. interval reported below

Same

At total depth Same

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

14. PERMIT NO.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Apache Tribal 124

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY  
OR AREA

SE/SW, Sect. 24, T25N, R4W

12. COUNTY OR  
PARISH

Rio Arriba

13. STATE

NM

15. DATE SPUDDED

8-20-83

16. DATE T.D. REACHED

9-2-83

17. DATE COMPL. (Ready to prod.)

10-15-83

18. ELEVATIONS (DF, RSB, RT, GR, ETC.)\*

7057' GR

19. ELEV. CASINGHEAD

7070' KB

20. TOTAL DEPTH, MD &amp; TVD

7999'

21. PLUG, BACK T.D., MD &amp; TVD

7955'

22. IF MULTIPLE COMPL.,  
HOW MANY\*23. INTERVALS  
DRILLED BY

ROTARY TOOLS

0-TD

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

(6772'-7090') (7668'-7706') West Lindrith Gallup Dakota  
(7802'-7864')25. WAS DIRECTIONAL  
SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL/GR/SP X CDL/CNL/GR

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD                          | AMOUNT PULLED    |
|-------------|-----------------|----------------|-----------|-------------------------------------------|------------------|
| 8.625"      | 24# K-55        | 308'           | 12.25"    | 4x32 cu.ft. Class "B" w/2%                | CACL2            |
| 5.5"        | 15.5# K-55      | 7999'          | 7.875"    | (1st) 501 cu.ft. Class "B"                | 50/50 Poz tailed |
|             |                 |                |           | in with 148 cu.ft. Class "B"              | neat, (2nd) 1970 |
|             |                 |                |           | cu.ft. Class "B" 65/35 Poz tailed in with |                  |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE   | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|--------|----------------|-----------------|
|      |          |             |               |             | 2.875" | 7847'          |                 |

31. PERFORATION RECORD (Interval, size and number)

6772'-6880', 6900'-7090', 1j2pf, .38" in  
diameter, 7668'-7678', 7688'-7706', 2j2pf,  
.38" in diameter, 7802'-7820', 7842'-7864',  
2j2pf, .45" in diameter for a total of 285  
holes.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED                                                       |
|---------------------|----------------------------------------------------------------------------------------|
| (6772'-7090')       | 90,000g. 30# gel water cont. 2% KCL,<br>1gal surfactant/1000g fluid & 102,000<br>#sand |
| (7668'-7706')       | 67,000g 30# gel water cont. 2% KCL,<br>1gal surfactant/1000g fluid & 67,000            |

33.\* PRODUCTION # sand. Fracture cont. on back...

|                       |                 |                                                                      |                         |          |            |                                    |               |
|-----------------------|-----------------|----------------------------------------------------------------------|-------------------------|----------|------------|------------------------------------|---------------|
| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |            | WELL STATUS (Producing or shut-in) |               |
| 11-28-83              |                 | Pumping 1.50" plunger X 20' long                                     |                         |          |            | Producing                          |               |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.                         | GAS-OIL RATIO |
| 11-29-83              | 24 hr.          | none                                                                 | →                       | 49       | 84.3       | 27                                 | 1720          |
| FLOW, TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.)            |               |
| 0                     | 150 psig SI     | →                                                                    | 49                      | 84.3     | 27         | 39°                                |               |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold

TEST WITNESSED BY

B.V. Duke

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

Original Signed By

SIGNED

D.D. Lawson

TITLE

District Administrative  
Supervisor

DATE

12-28-83

\*(See Instructions and Spaces for Additional Data on Reverse Side)

FARMINGTON RESOURCE AREA

BY

Smm

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

(Fracture con't) (7802'-7864') 48,000g. 30# gel water cont. 2% KCL, 1g surfactant/1000g fluid and 48,000# sand.

| 37. SUMMARY OF POROUS ZONES:                                                                                                                                                                                       |      |        | 38. GEOLOGIC MARKERS               |      |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|------------------------------------|------|-------------|
| SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES |      |        |                                    |      |             |
| FORMATION                                                                                                                                                                                                          | TOP  | BOTTOM | DESCRIPTION, CONTENTS, ETC.        | NAME | MEAS. DEPTH |
| Ojo Alamo                                                                                                                                                                                                          | 2750 | 2822   | Sandstone                          |      |             |
| Fruitland                                                                                                                                                                                                          | 3284 | 3580   | Coal                               |      |             |
| Pictured Cliffs                                                                                                                                                                                                    | 3580 | 3660   | Sandstone                          |      |             |
| Mesa Verde                                                                                                                                                                                                         | 5123 | 5670   | Sandstone w/coal stringers         |      |             |
| Gallup                                                                                                                                                                                                             | 6782 | 7092   | Sandstone                          |      |             |
| Dakota                                                                                                                                                                                                             | 7664 | 7880   | Sandstone (Graneras X main Dakota) |      |             |

## FARMINGTON DISTRICT WORKOVER

DATE: 6/27/84

OPERATIONS TO BE PERFORMED: (Circle One)

Recompletion

Repair

Service

LEASE AND WELL Jic Apache Trib 124 No. 14FIELD West LindrithFORMATION Gallup- DakotaLOGS DIL, GR, SP-CNL, COL, GRLOCATION 415 ESL X 2065 FWLSec 24, T-25N, R4WCOMP. DATE 10/15/83 EL: 7070 (KB)TD: 7990' PBD: 7950'CSG: 8-5/8" 24 # K-55 @ 308' 5-1/2" 15.5 # K-55 @ 7999'COMP. INT. 6772-7090', 7668-7706', 7802-7864' ORIG. STIM.IP 49 BOPD X 84 MCFDCURRENT PROD. INT. SamePURPOSE: Repair Casing Leak

SDB

TKA

TWE

5/PERMITTING DESK

RWO

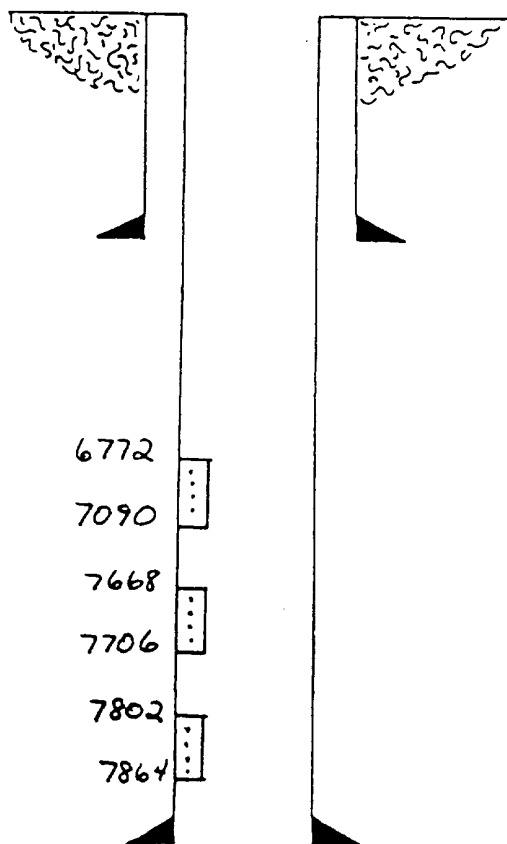
2FF

ENGR

FILE

## WELLBORE SKETCH

## PROCEDURE



1. TOH with rods and tubing.
2. TIH with BP and packer assembly. Set BP at 6700'. Pressure test casing to 2000 psi.
3. If casing will not pressure test, locate hole with packer. When hole is located, squeeze with 50 sacks of Class B Neat with 2%  $\text{CaCl}_2$ . (See NOTE 2)
4. If production string pressure tests, Set BP at 4000'. TOH with tubing and packer.
5. Perforate 3085' with 2 JSPF.
6. TIH with packer and tubing. Set packer at 3030' and establish circulation through bradenhead.

DISTRICT SUPERINTENDENT

L.D. Bates

DISTRICT ENGINEER

Jim Alton

DISTRICT FOREMAN

T.W. Evans

ENGINEER

Morris Bell

DATE

6/28/84

7. Cement with 850 sacks of Class B Neat with 2%  $\text{CaCl}_2$ . After tubing is displaced shut-in well overnight and wait on cement.

8. T/OH with packer and tubing. T/H with bit and drill out cement.

9. T/OH with bit. Pressure test squeeze to 1000 psi. Retrieve BP at 4000'.

10. T/H with tubing and rods and return well to production.

#### Notes:

1. If cement is not circulated to surface in step 7 run temperature survey and located cement top.

2. If a hole is located in production casing, set cement retainer above hole and squeeze off hole. Pressure test squeeze to 1500 psi.

Amoco Production Company  
WELL REPAIR AUTHORIZATION AND REPORT

|                                                                                                                                                                                                                                                                                                       |  |                                                   |  |                                                                                                                                                                                                                                                          |  |                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| CASE/UNIT NAME AND WELL NUMBER<br><b>TECARILLA APACHE TRIBAL 124 No. 14</b>                                                                                                                                                                                                                           |  |                                                   |  | HORIZON NAME<br><b>GALLUP-DARTON</b>                                                                                                                                                                                                                     |  | ORIGINAL BLANK<br>CORRECTION & DELETION <input type="checkbox"/>                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| OPERATOR<br><b>WEST LINDRITH</b>                                                                                                                                                                                                                                                                      |  | COUNTY<br><b>Rio ARIZONA</b>                      |  | STATE<br><b>N.M.</b>                                                                                                                                                                                                                                     |  | HORIZON CODE<br><input type="checkbox"/>                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| PRODUCING WELL ON LEASE<br><b>Amoco Prod. Comp.</b>                                                                                                                                                                                                                                                   |  | DISTRICT<br><b>FARMINGTON</b>                     |  | ELEVATION<br><b>7070'</b>                                                                                                                                                                                                                                |  | ELEV. REFERENCE PT.<br><b>KB</b>                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| PRODUCING WELL ON LEASE<br><input type="checkbox"/>                                                                                                                                                                                                                                                   |  | T.O.<br><b>7990'</b>                              |  | P.B.T.O.<br><b>7950'</b>                                                                                                                                                                                                                                 |  | LOCATION<br><b>SECTION 24, T05N, R4W</b>                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| OTHER WORKING INTERESTS<br><input type="checkbox"/>                                                                                                                                                                                                                                                   |  | TOTAL REPAIR<br>HORIZONS <input type="checkbox"/> |  | STATUS AFTER REPAIR<br>PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>                                                                                                                                                  |  | PRODUCTION INCREASE<br>EXPECTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| TYPE JOB (SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2))                                                                                                                                                                                                                                           |  |                                                   |  |                                                                                                                                                                                                                                                          |  |                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| CONVERT TO INJECT ONLY <input type="checkbox"/><br>WATER FRAC <input type="checkbox"/><br>COILS <input type="checkbox"/><br>LOG BACK <input type="checkbox"/><br>WASHING SAND <input type="checkbox"/><br>SET LINER OR SCREEN <input type="checkbox"/><br>TREATING VOLUME - GAL. <input type="text"/> |  |                                                   |  | CONVERT TO PROD. <input type="checkbox"/><br>OIL FRAC <input type="checkbox"/><br>REPAIR CASING <input type="checkbox"/><br>PERFORATE <input type="checkbox"/><br>SAND CONTROL <input type="checkbox"/><br>PULL LINER OR SCREEN <input type="checkbox"/> |  |                                                                                                     |  | DEEPEN <input type="checkbox"/><br>ACID FRAC <input type="checkbox"/><br>WHIPSTOCK <input type="checkbox"/><br>CEMENT SQUEEZE <input type="checkbox"/><br>OTHER <input type="checkbox"/>                                                                                                                                                                                                                                                        |  |  |  |
| REPAIR DESCRIPTION<br><b>REPAIR CASING LEAK</b>                                                                                                                                                                                                                                                       |  |                                                   |  | AREA REPAIR CODE <input type="text"/>                                                                                                                                                                                                                    |  |                                                                                                     |  | ESTIMATED COST                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| GROSS PRODUCTION<br>OIL <input type="checkbox"/> BOPD<br>WATER <input type="checkbox"/> BWPD<br>GAS <input type="checkbox"/> MCFD<br>OTHER <input type="checkbox"/> /DAY                                                                                                                              |  |                                                   |  | BEFORE<br><b>20</b><br><b>20</b><br><b>50</b>                                                                                                                                                                                                            |  |                                                                                                     |  | ANTICIPATED<br><b>20</b><br><b>20</b><br><b>50</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| UNIT PRICE<br>\$/BBL <b>29.00</b><br>\$/MCF <b>3.40</b><br>\$/UNIT <input type="text"/>                                                                                                                                                                                                               |  |                                                   |  | EXPECTED PAYOUT<br>MONTHS <input type="text"/>                                                                                                                                                                                                           |  |                                                                                                     |  | INTANGIBLES<br>RIG COST \$ <b>25,200</b><br>EQUIPMENT RENTAL <b>500</b><br>CIRCULATING MEDIA <b>1,000</b><br>CEMENT AND SERVICE <b>5,000</b><br>PACKERS AND EQUIPMENT <b>5,000</b><br>PERFORATE, LOG, WIRELINE <b>4,000</b><br>STIMULATION <input type="text"/><br>LABOR <input type="text"/><br>SPECIAL EQUIPMENT <input type="text"/><br>FISHING <input type="text"/><br>OTHER INTANGIBLES <b>4,300</b><br>TOTAL INTANGIBLES \$ <b>42,000</b> |  |  |  |
| GROSS INJECTION<br>WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                |  |                                                   |  | BEFORE<br>RATE <input type="text"/> BPD OR MCFD<br>PRESSURE <input type="text"/> PSIG                                                                                                                                                                    |  |                                                                                                     |  | ANTICIPATED<br>RATE <input type="text"/> BPD OR MCFD<br>PRESSURE <input type="text"/> PSIG                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| TOTAL GROSS COST \$ <b>42,000</b>                                                                                                                                                                                                                                                                     |  |                                                   |  | AMOCO WORKING INTEREST COST \$ <b>42,000</b>                                                                                                                                                                                                             |  |                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |

REASON FOR WORK

A CASING LEAK HAS BEEN FOUND IN THE SURFACE CASING NEAR THE SURFACE OF THE WELL. THIS LEAK NEEDS TO BE REPAIRED BY CEMENT SQUEEZING. THE PRODUCTION CASING WILL ALSO BE PRESSURE TESTED TO MAKE SURE IT ISN'T LEAKING ALSO.

|                                                                                                                                                                                                                                                                            |  |                                                                                                     |  |                                     |  |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------|--|
| REPAIR RESULT<br>SUCCESS <input type="checkbox"/> FAILURE <input type="checkbox"/>                                                                                                                                                                                         |  | DATE REPAIR COMPLETED<br>MO. <input type="text"/> DAY <input type="text"/> YR. <input type="text"/> |  | RECOMMENDED<br><b>Michael Brown</b> |  | DATE<br><b>7-6-84</b>      |  |
| GROSS PRODUCTION DURING PAYOUT<br>OIL <input type="checkbox"/> BOPD <input type="text"/><br>WATER <input type="checkbox"/> BWPD <input type="text"/><br>GAS <input type="checkbox"/> MCFD <input type="text"/><br>OTHER <input type="checkbox"/> /DAY <input type="text"/> |  | GROSS INJECTION<br>RATE <input type="text"/> BPD OR MCFD<br>PRESSURE <input type="text"/> PSIG      |  | AUTHORIZED<br><b>Michael Brown</b>  |  | MO DAY YR<br><b>7-6-84</b> |  |
| ESTIMATED FINAL GROSS COST                                                                                                                                                                                                                                                 |  | ESTIMATED FINAL NET COST                                                                            |  | ESTIMATED FINAL GROSS COST          |  | ESTIMATED FINAL NET COST   |  |