

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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. See space 17 below.)
AT SURFACE: 660' FSL x 1980' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Workover ☐

SUBSEQUENT REPORT OF:

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RECEIVED
NOV 30 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
14-20-603-0533
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribal "P"
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Tocito Dome Penn "D"
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/4, SE/4 Section 8, T26N, R18E
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-21746
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5776' GL

NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 above referenced well according to the attached procedure.

RECEIVED

DEC - 6 1983

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Original Signed By B.D. Lawson TITLE District Administrative Supervisor DATE November 29, 1983

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

*See Instructions on Reverse Side

NMOCC

POT

OK

FARMINGTON DISTRICT WORKOVER

OPERATIONS TO BE PERFORMED: (Circle One)

Recompletion

Repair

Service

LEASE AND WELL Navajo Tribal P No. 7

FIELD Tocito Dome

FORMATION Barker Creek

LOGS SP. GR. TEL. Acoustic

LOCATION 660 EBL X 1980 EEL Sec 8 T26N R18W San Juan Cty

COMP. DATE

EL: 5776 GL

ID: 6403

FID: 6357

CSG: See "Below"

COMP. INT. 6328-6329, 6318-6310

ORIG. STIM. 4000 gal 28% HCL

IP

CURRENT PROD. INT. Same

PURPOSE: Restimulate old & new pay

SDB

DHS

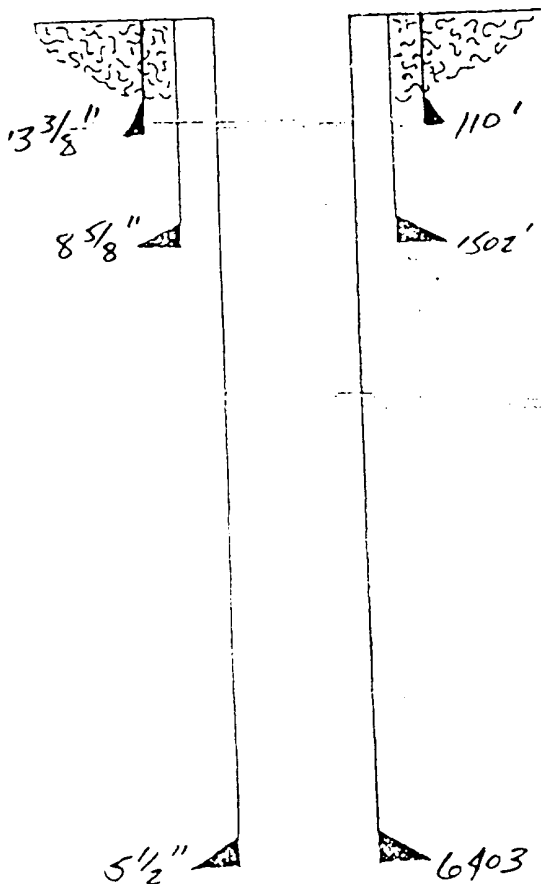
GOM

5/PERMITTING DESK (JMS, RWO, 2FF)

ENGR

FILE

WELLBORE SKETCH



PROCEDURE

1. Blow well down and trip out with tubing, rods, and pump.
2. Run gauge ring and gamma ray correlation log.
3. Perforate densilog intervals 6324-6118, and 6310-6298 with 2 jsf.
4. Establish rate of 10 BPM with 2% KCL water. Shut down and obtain ISIP. Recirculate acid tanks to mix inhibitor.
5. Acid frac formation as follows:

DISTRICT SUPERINTENDENT R. Blosser

DISTRICT ENGINEER D. H. Allen

DISTRICT FOREMAN J. M. Stevens

ENGINEER D. S. Kansey

DATE 11-23-83

11-23-83

Stage #	Acid Volume (gal)	Gel Volume (gal)	Rate (BPM)	Flush Volume (gal)
1	—	4300 (See Note 1)	10	
2	2900	—	10	
3	—	1000	10	
4	1300	—	10	
5	—	1300	10	
6	800	—	10	
7	—	1600	10	
8	600	—	10	
9	—	1900	10	
10	500	—	10	
11	—	—	10	12,000

6. Swab back well as soon as possible.
Bring back all load acid.

7. Rerun tubing, pump and rods as follows:

Tubing set at 6330
1.5" Pump set at 6330
1456' - 1" rods
1646' - 7/8" rods
3228' - 3/4" rods

Notes:

1. Stage 1 gel should be 30 lb non-crosslinked gel
All other gel stages should be 30 lb crosslinked gel

2. Acid should be mixed as follows:

28% HCL with 1 gal/1000 non-emulsifying surfactant, 2 gal/1000 corrosion inhibitor, and 1 gal/1000 retarder.

3. Maximum treating pressure is 3800 psi