

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078904

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1500' FNL x 1850' FNL

RECEIVED

MAY 04 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, ST, OR, etc.)

5707' (RDB)

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

242

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

SE/NW Sec. 24 - T28N-R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☒

CHANGE PLANS

☐

(Other)

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 above referenced well according to the attached procedure.

RECEIVED
MAY 10 1984
OIL CON. DIV.
DIST. 3

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

SIGNED

B. D. Shaw

TITLE Admin. Supervisor

DATE

5-2-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ch

NMCC

*See Instructions on Reverse Side

APPROVED

MAY 07 1984
John Miller
M. MILLENBACH
AREA MANAGER

FARMINGTON DISTRICT WORKOVER

DATE: 4-24-66

OPERATIONS TO BE PERFORMED: (Circle One)

Recompletion

Repair

Service

LEASE AND WELL: Collegos Canyon Unit No. 242

FIELD: Basin

FORMATION: Dakota

LOGS: SP-TEL

LOCATION: 1500 F.W. & 1850 F.W., Sec 24, T8N, R12W, San Juan County, New Mexico

COMP. DATE: 6/1/66

EL: 5707 KB

TD: 6252

PED: 6215

CSG: 8 5/8"

||

@

361'

4 1/2"

||

@

6252

COMP. INT. 6198 - 6062

ORIG. STIM. 2 stage slick line

IP: 8031 MCFD

CURRENT PROD. INT. Same

PURPOSE: Repair Casing Leak

SDB

DHS

GOM

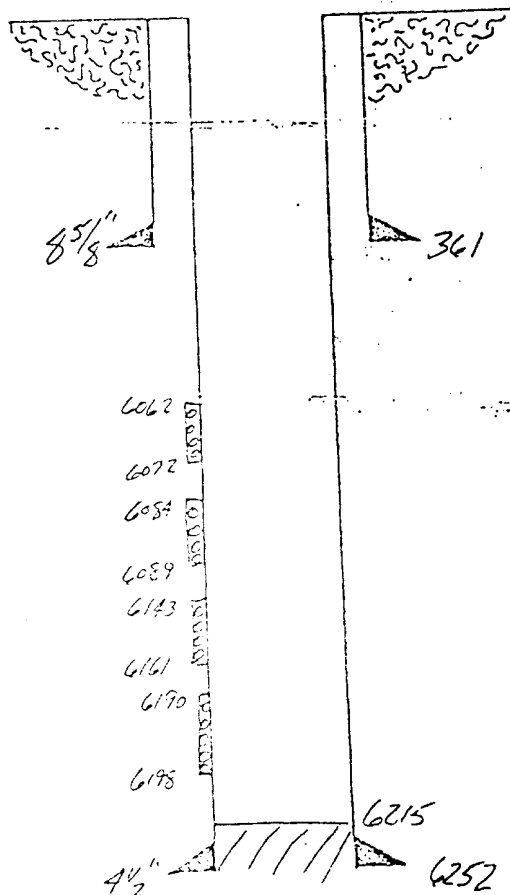
5/PERMITTING DESK (JMS, RWO, 2FF)

ENGR

FILE

WELLBORE SKETCH

PROCEDURE



1. Trip out with 2 3/4" tubing. Rabbit tubing and discard any plugged joints.
2. Trip in with retrievable bridge plug and retrievable packer. Set bridge plug at 6055. Move up hole, set packer, and pressure test plug to 2000 psi. Pressure test casing to 2000 psi. If casing passes test, notify main office.
3. Move up hole with packer and isolate casing leaks. Report to main office.
4. Pick up bridge plug and set 50 feet below bottom leak. Drop sand on bridge plug and move up hole. Set packer just above top leak.
5. Establish rate and squeeze leaks with 150 sk Thixotropic cement containing 10 lbs/sk Gilsomite. Trip out with tubing and packer.

DISTRICT SUPERINTENDENT

DISTRICT ENGINEER

DISTRICT FOREMAN

ENGINEER

DATE

8. Trip out with tubing and bit. Trip in with tubing and retrieving head and recover bridge plug. Trip out.

9. Run $2\frac{3}{8}$ " production tubing and land at 6000.

10. Swab well, if necessary, and return to production. Report static and differential to main office.

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Eff. 2-1-71,
Pan American Petro. Corp.
has changed its name to
AMOCO PROD. CO.

I. Operator
PAN AMERICAN PETROLEUM CORPORATION
Address
Security Life Building Denver, Colorado
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including location	Kind of Lease
Gallegos Canyon Unit		242	Basin Dakota	Federal
Location Unit Letter F ; 1500 Feet From The North Line and 1850 Feet From The West Line of Section 24 Township 28N Range 12W San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give only one which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give only one which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas sold	When
	F	24	28N	12W	NO	

If this production is commingled with that from any other lease or pool, give number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Well over	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Form Depth	F.B.T.D.					
4/26/66	6/1/66	6252	6215					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
(RDB) 5707	Dakota	6029	6065					
Perforations	Depth Casing Shoe							
6143-6161, 6190-6198, 6062-6072, 6084-6089	6252							
TUBING, CASING, AND CEMENTING REQUIRED								
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SACKS CEMENT					
12-1/4"	8-5/8"	361	200					
7-7/8"	4-1/2"	6252	1525					
	2-3/8"	6065						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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JUL 18 1966
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
6/1/66	3 hour		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pressure	634	1262	3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY
H. M. SMITH

(Signature)

H. M. Smith

Administrative Assistant

(Title)

July 13, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 19 1966**, 19
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

PAN AMERICAN PETROLEUM CORPORATION

<u>DEPTH</u>	<u>DEVIATION</u>
361'	0°
757'	1/4
1150'	1/4
1550'	1/4
1945'	3/4
2283'	1/2
3228'	1-1/4
3613'	1-1/4
4136'	1
4537'	3/4
4950'	3/4
5241'	3/4
5575'	3/4
6085'	1-1/4
6100'	1-1/4

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S **Gallegos Canyon Unit #242 located 1500' FWL and 1850' FWL, Section 24 SE/4, NW/4, T28N-R12W, San Juan County, New Mexico**

ORIGINAL SIGNED BY
Signed H. M. SMITH H. M. Smith
Title Administrative Assistant

THE STATE OF COLORADO)
) SS.
COUNTY OF DENVER)

BEFORE ME, the undersigned authority, on this day personally appeared H. M. Smith known to me to be **Administrative Assistant** for Pan American Petroleum Corporation and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for
said County and State this 13th day of July, 1966

Catherine L. Eckman
Notary Public

My Commission Expires 5-12-67