

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT - " for such proposals

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator Attention:  
AMOCO PRODUCTION COMPANY Lois Raebrun

3. Address and Telephone No.  
P.O. Box 800, Denver, Colorado 80201 (303) 830-5294

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1190 FSL 1190 FWL Sec. 25 T 28N R 13W

5. Lease Designation and Serial No.

I-149-IND-8471

6. If Indian, Allottee or Tribe Name

Navjo

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gallegos Canyon Unit 175E

9. API Well No.

3004526211

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Clean Out fill

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 permission to Clean out fill to PBTD of 6316 with N2 and return well to production.

See attached.

If you have any questions please feel free to call Lois Raebrun @ (303) 830-5294.

RECEIVED  
MAY 16 1994  
OIL CON. DIV.  
DIST. 2

RECEIVED  
BLM  
MAY 16 1994

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

Signed

*Lois Raebrun*

Title

Business Asst.

Date

04-18-1994

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED  
Date  
APR 25 1994

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instructions on Reverse

Amoco Production Company  
WELL REPAIR AUTHORIZATION AND REPORT

84274701  
390368

ORIGINAL BLANK	<input type="checkbox"/>
CORRECTION	<input type="checkbox"/>
DELETION	<input type="checkbox"/>
PLAC (WELL) NO.	
HORIZON CODE	
CONTROL DATE	
MO.	
DAY	
YR.	

LEASE/UNIT NAME AND WELL NUMBER <b>Gallegos Canyon Unit 175 E</b>		HORIZON NAME <b>Dakota</b>	
FIELD <b>Basin Dakota</b>	COUNTY <b>San Juan</b>	STATE <b>NM</b>	
OPERATOR <b>Amoco</b>	OPERATIONS CENTER/DIVISION <b>STOC/SRBU</b>	ELEVATION <b>6362</b>	ELE. REFERENCE PT. <b>KB 5969'</b>
LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		T.D. <b>6362</b>	P.B.T.D. <b>6316</b>
Amoco A. WORKING INTEREST <b>0.658</b>		LOCATION <b>Sec 25-T28N-R124</b>	
Amoco B. NET INTEREST <b>0.575</b>		TOTAL REPAIR HORIZONS <input type="checkbox"/>	STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>
TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)		ESTIMATED COST	
C. CONVERT TO INJECTION <input type="checkbox"/> , CONVERT TO PROD. <input type="checkbox"/> , DEEPEN <input type="checkbox"/> D. WATER FRAC <input type="checkbox"/> , OIL FRAC <input type="checkbox"/> , ACID FRAC <input type="checkbox"/> E. ACIDIZE <input type="checkbox"/> , REPAIR CASING <input type="checkbox"/> , WHIPSTOCK <input type="checkbox"/> F. PLUG BACK <input type="checkbox"/> , PERFORATE <input type="checkbox"/> , CEMENT SQUEEZE <input type="checkbox"/> G. WASHING SAND <input type="checkbox"/> , SAND CONTROL <input type="checkbox"/> , OTHER <input type="checkbox"/> H. SET LINER OR SCREEN <input type="checkbox"/> , PULL LINER OR SCREEN <input type="checkbox"/> I. TREATING VOLUME - GAL. <input type="text"/> DIVISION REPAIR CODE <input type="text"/>		INTANGIBLES RIG COST \$ <b>4500</b> EQUIPMENT RENTAL CIRCULATING MEDIA <b>2500</b> CEMENT AND SERVICE PACKERS AND EQUIPMENT PERFORATE, LOG, WIRELINE STIMULATION LABOR <b>1000</b> SPECIAL EQUIPMENT FISHING OTHER INTANGIBLES <b>1000</b> TOTAL INTANGIBLES \$ <b>9000</b>	
J. GROSS PRODUCTION K. OIL ..... BOPD <input type="text"/> \$/BBL <input type="text"/> L. WATER ..... BOPD <input type="text"/> M. GAS ..... MCFD <b>24</b> <b>90</b> \$/MCF <b>1.50.0</b> N. OTHER ..... /DAY <input type="text"/> \$/UNIT <input type="text"/>		TANGIBLES CSG, TBG, HEAD, ETC. \$ <b>0</b> TOTAL GROSS COST \$ <b>9000</b>	
P. GROSS INJECTION WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/> R. RATE ..... BPD OR MCFD <input type="text"/> S. PRESSURE ..... PSIG <input type="text"/>		Amoco WORKING INTEREST COST \$ <b>5922</b>	

REASON FOR WORK

Increase production from well.

1. Clean out fill to PBTD of 6316 with N<sub>2</sub>.
2. Return well to production with 2 3/8" tbg hung at 6233.

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OIL CON. DIV.  
DIST. 3

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GLM

04 APR 22 04:10:54

Notice To Nonoperator: Costs shown on this form are estimates only. Nonoperators should not consider these estimates as establishing any limit on monies which will be required to perform the proposed operation.

Nonoperator \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

T. REPAIR RESULT DATE REPAIR COMPLETED GROSS PRODUCTION DURING PAYOUT U. OIL ..... BOPD W. WATER ..... BOPD GROSS INJECTION Y. RATE ..... BPD OR MCFD Z. ESTIMATED FINAL GROSS COST	SUCCESS <input type="checkbox"/> FAILURE <input type="checkbox"/> MO. ____ DAY ____ YR. ____ GAS ..... MCFD OTHER ..... /DAY PRESSURE ..... PSIG \$	RECOMMENDED <b>Steve Smethie</b> DATE <b>4-11-94</b> AUTHORIZED <b>Steve B. Smethie</b> MO. ____ DAY ____ YR. ____ <b>04/11/94</b>
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