

UNITED STATES  
DEPARTMENT OF INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUDRY 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 3160-3 for such proposals)

5. Lease Description and Serial No.

**NM - 18319**

6. If Indian, Allottee or tribe Name

7. If Unit or CA, Agreement Number

1. Type of Well

**GAS WELL**

2. Name of Operator

**FALCON SEABOARD OIL COMPANY**

3. Address and Telephone Number

**C/O DAVE SIMMONS P. O. BOX 48 FARMINGTON, NM 87499**

4. Location of Well (Sec., T., R., or Survey Description)

**1640' FNL & 880' FWL**

**Sec. 20, T29N, R4W**

8. Well Name and No.

**29-4 CARSON 20 # 1**

9. API Number

**30-039-24837**

10. Field and Pool, or Exploratory Acres

**Basin Fruitland Coal Gas Pool**

11. County or Parish

**Rio Arriba Co., NM**

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

**TYPE OF SUBMISSION**

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

**TYPE OF ACTION**

- ☐ Abandonment
- ☒ Recompletion
- ☐ Plug Back
- ☐ Casing Repair
- ☐ Alter Casing
- ☐ Other:
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Disposal Water

(Note Report result of multiple completions on Well  
Completion or Recompletion Report and Log Form)

13. Describe Proposed Completion Operations (Clearly state all pertinent details, and give pertinent dates, including estimated starting and proposed work. If well is directionally drilled give subsurface location and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Operator TA'd Fruitland zone and recompleted the well into the Nacimiento Formation as follows:

1. Ran GAS SPECTRUM/corelation log from 3482-1500'.
2. Set bridge plug above Fruitland Coal formation at 3120 (Top perforation in Fruitland @ 3211'). Pressure test to 2000. Perforated Nacimiento selectively over gross interval 1722 to 2142' w/ 19 select holes as follows:  
2129-2131, 2136-2142, 1895-1899 and 1721-1725 w 1 jsfp
3. Acidize perforations w/ 1000 gals 15% HCL and swab tested.
4. Placed well back on production for evaluation until spring 1996.

NOTE: This format is issued in lieu of U.S. BLM Form 3160-5

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

SIGNED

**R. D. SIMMONS**

TITLE

AGENT

DATE:

12/07/95

(This space for Federal or State Office use.)

APPROVED BY:

TITLE

DATE:

CONDITIONS OF APPROVAL, IF ANY

**ACCEPTED FOR RECORD**

DEC 14 1995

**FARMINGTON DISTRICT OFFICE**  
BY 20

**NMOCD**