

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF TOWNSHIPS	
DISTRICT	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter at:	Other (Please Specify)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lobato Gas Com A</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Blanco Musaverte</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>91000542</u>
Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>29N</u> Range <u>9W</u> , N.M.P.N. <u>San Juan</u> 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 address to which approved copy of this form is to be sent)
<u>Permian Corp.</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>3</u> Twp. <u>29N</u> Rge. <u>9W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

B.D. Shaw
(Signature)
Admin. Supervisor
(Title)
1-2-85
(Date)

OIL CONSERVATION DIVISION

APPROVED Charles Johnson JAN 22 1985

BY _____
TITLE DEPUTY OIL & GAS INSPECTOR, 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 filled for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-08680
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lobato Gas Com A
8. Well No. 1
9. Pool name or Wildcat Blanco Mesaverde

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Amoco Production Company Attn: John Hampton
3. Address of Operator P.O. Box 800 Denver, Colorado 80201
4. Well Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>29</u> Range <u>9</u> NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Test casing integrity ☒

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company intends to check the casing integrity in the subject well using the attached procedures.

Verbal approval was given on 10/1/90 by Charles Golson of the NMOCDD to Ty Smith of Amoco. Please call Cindy Burton at 303-830-5119 if you have any questions.

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OCT 18 1990
OIL CON. DIV
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John L. Hampton TITLE Sr. Staff Admin. Supv. DATE 10/15/90
TYPE OR PRINT NAME John L. Hampton TELEPHONE NO. 830-5025

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT # 3 DATE OCT 23 1990
CONDITIONS OF APPROVAL, IF ANY:

LOBATO GAS COM A 1
BLANCO MESAVERDE
3K-29N-9W

CASING INTEGRITY PROCEDURE

1. Check location for anchors. Install if necessary. Test anchors.
2. MIRUSU. Blow well down. Kill if necessary w/ 2% KCl. NDWH. NUBOP.
3. Tally OOH w/ thg and inspect. TIH w/ 7" bit (7" casing drift I.D. 6.331") and scraper to 3725' (estimated depth of 5" liner top). POOH.
4. RIH w/ 5" RBP and 5" pkr (5" drift I.D. 4.283"), set RBP at 3850'. Pull one stand and set pkr, PT to 2000#. POOH w/ 5" pkr.
5. Run CBL from 3900' to surface. FAX RESULTS (303-830-4777) TO TY SMITH. NOTE: Run CBL without pressure.
6. RIH w/ 7" pkr and set at 3700'. PT liner top to 1000# for 20 minutes. Load backside and PT to 1000# for 20 minutes.
7. If indication of leak, locate leak(s), establish rate and pressure. CONTACT TY SMITH AT (303) 830-5164

REPORT RESULTS TO TY SMITH AT
PHONE # (303) 830-5164
FAX # (303) 830-4777

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ANOCO PRODUCTION COMPANY		Well API No. 300450868100
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOBATO GAS COM A	Well No. 1	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter K	1750	FSL	1550	FWL
Section 03	Township 29N	Range 9W	NMPM,	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 address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Feasting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

OIL CON. DIV.
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature D. H. Whaley
Doug W. Whaley, Staff Admin. Supervisor
Printed Name Title
June 25, 1990 303-830-4280
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990

By Burt D. Shuf
SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-08680
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lobato Gas Com A
8. Well No. 1
9. Pool name or Wildcat Blanco Mesaverde
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5651'

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Amoco Production Company Attn: John Hampton
3. Address of Operator P.O. Box 800, Denver, Colorado 80201
4. Well Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>29 North</u> Range <u>9 West</u> NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5651'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Repair casing</u> <input checked="" type="checkbox"/>		OTHER: <u></u> <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company intends to repair the casing in the subject well using the attached procedures.

Please call Cindy Burton at 303-830-5119 if you have any questions.

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NOV 2 - 1990
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. L. Hampton TITLE Sr. Staff Admin. Supv. DATE 10/31/90
TYPE OR PRINT NAME J. L. Hampton TELEPHONE NO. 830-5025

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT # 3 DATE 11-2-90
CONDITIONS OF APPROVAL, IF ANY:

LOBATO GAS COM A#1
BLANCO MESAVERDE
3K-29N-9W

CASING REPAIR PROCEDURE

1. Kill well w/ 2% KCl.
2. TIH and release 5" Pkr. POOH w/ Pkr. Lay down Pkr.
3. RIH w/ 5" CIBP and Pkr. Set CIBP at 3800'. Pull 1 stand and PT CIBP to 1500#.
4. Shoot perforations at 2285'. Establish rate and pressure into squeeze holes. RIH w/ 7" cmt retainer and set at 2085'. Squeeze w/ 180 sx Class G x 2% CaCl. Displace 6.5 bbls below retainer. Sting out of retainer and POOH. WOC. Run temperature survey to determine TOC.
NOTE: DO NOT EXCEED 1000# SQUEEZE PRESSURE.
Continue if top of cement is above 1950', otherwise contact Ty Smith at (303) 830-5164.
5. Shoot perforations at 1200'. Establish rate and pressure into squeeze holes. RIH w/ 7" cmt retainer and set at 1000'. Squeeze w/ 120 sx Class G x 2% CaCl. Displace 6.5 bbls below retainer. Sting out of retainer and POOH. WOC. Run temperature survey to determine TOC.
6. RIH w/ 7" pkr and set 200' above leak. Try to establish circulation to surface w/ water. Pump 144 sx Class G x 2% CaCl cmt (or until cement returns are seen at surface). Displace 6.5 bbls below pkr. WOC 24 hrs. Release pkr and POOH.
NOTE: If circulation is lost; POOH and run temperature survey to locate TOC.
7. RIH w/ 7" bit and csg scraper. Drill out cmt and retainers. PT csg to 1000# for 30 minutes. POOH.
8. RIH w/ 5" bit and csg scraper. Drill out 5" CIBP. POOH.
9. Circulate hole clean. RIH w/ tbq and bottom hole assembly (snipple, saw tooth collar). Land tbq at 4600'.
10. RDMOSU. Call in swabbing unit.
11. Return well to production.

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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 045 08680
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lobato Gas Com A
8. Well No. 1
9. Pool name or Wildcat Blanco Mesaverde
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5651' GR

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Amoco Production Company Attn: John Hampton
3. Address of Operator P.O. Box 800, Denver, Colorado 80201	4. Well Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>29N</u> Range <u>9W</u> NMPM <u>San Juan</u> County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Test casing integrity ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company tested the casing integrity on the subject well see attached:

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OCT 30 1991
OIL CON. DIV.
DIST. 3

If you have any questions call Julie Zamora at 303-830-6003.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John Hampton TITLE Sr. Staff Admin. Supv DATE 10/28/91
TYPE OR PRINT NAME John Hampton TELEPHONE NO. 830-6003

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

APPROVED BY _____ TITLE _____ DATE OCT 30 1991

CONDITIONS OF APPROVAL, IF ANY:

10/3/90

Blew down well, TOH W/tbg. PU 5" RBP & PKR, pumped 40 BBls 2% KCL. TIH W/ RBP & PKR to 3850', Set RBP & PKR @ 3800', pumped 25BBls KCL, plug would not test. Moved RBP & PKR to 3800' & set PKR @ 3750', pumped 16 BBls KCL. Reset Plug @ 3750' & set PKR @ 3740', pumped 11 BBls KCL. TOH W/ RBP & PKR, stood back 1595' of 2-3/8" TBG, pipe parted, dropped 2185' of 2-3/8" tbg to Bottom.

Blew well down. TIH w/TBG, tagged fish @ 2426', TIH w/TBG and overshot, caught fish & TOH W/16 STDS TBG.

TOH W/TBG, RBP, PKR, laid down 32jts 2-3/8" corkscrewed pipe.

PU 7" scraper & TIH W/TBG t 3725' & tagged liner top.

TOH W/TBG & scrapper, PU 5" scrapper & TIH W/tbg to 4629'.

TOH W/scrapper & TBG, TIH W/ 5" RBP & PKR and TBG to 3850'.

Set RBP @ 3850', SET PKR @ 3790'. Pumped 11 BBls 2% KCL, press. tested plug to 1780psi. Held. TOH w/PKR to 3000'.

TIH W/ 10stds TBG & 7" PKR, set PKR @ 616', pressure tested csg to 500psi. Held. TOH W/5 stds TBG & set PKR @ 312', pumped 3 1/2 BPM @ 500psi into hole, press. tested backside to 500psi held, TIH W/ 1 std TBG & set PKR, press. tested csg to 500psi backside didn't hold., Hole located between 312' & 343', TOH W/ TBG & PKR.

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Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 045 08680
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lobato Gas Com A
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SUNDRY NOTICES AND REPORTS ON WELLS
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1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Repair casing</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company repaired the casing on the subject well see attached for procedure followed.

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OCT 30 1991
OIL CON. DIV
OFF. 3

If you have any question Call Julie Zamora at 303-830-6003.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John Hampton TITLE Sr. Staff Admin. Supv DATE 10/28/91
TYPE OR PRINT NAME John Hampton TELEPHONE NO. 830-6003

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

APPROVED BY _____ TITLE _____ DATE OCT 30 1991
CONDITIONS OF APPROVAL, IF ANY:

10/19/90

TIH W/ 5" CIBP set @ 3800', test CIBP to 1000psi. Held.

TOH W/ PKR to 400', isolated hole with PKR @ 368' with K.B.

TOH W/ PKR, rig up wireline, TIH W/ Squeeze gun.

Perf: 2285'-2286', W/4 JSPF, 4 shots.

TOH with squeeze gun.

TIH W/7" PKR & TBG to 600', set PKR @ 600'.

Pump into perfs with water, break down perfs @ 1200psi., pump into perfs W/ 2 1/2 BPM @ 600psi.

RD perf equip., TOH W/TBG & PKR.

TIH W/cmt ret and set @ 2074'. RU Halliburton and pumped into perfs @ 2 BPM @ 550psi., pump 180sx Cl G Cmt W/2% CACL, TOH W/ TBG & Stinger.

TIH w/6-1/4" blade bit, drill collars & TBG, tagged ret. @ 2071', started drlg, drilled through ret., started drlg cmt., drilled to a depth of 2310', fell out of cmt. TOH W/ TBG, collars & bit.

TIH w/7" PKR and TBG to 378' and set PKR, pump and pressure tested squeeze to 1000psi., SQ held pressure. TOH W/TBG & PKR.

TIH W/ CBL, logged from 2350' to 1700'.

TIH W/ squeeze gun. Perf 1968'-1969', W/4JSPF, 4 shots.

Pump into perfs @ 2BPM @ 900psi., pumped 100 sx Cl B standard cmt.

TOH W/ TBG and 7" PKR, TIH W/Bit collars and tbg to 1896', drilled cmt. to 1979', dropped out of cmt. Circ hole clean, TOH W/ TBG, Collars and bit. TIH with 7" PKR to 378', press. test squeeze to 1000psi. held press. TOH with TBG & PKR. TIH with CBL, logged interval 2100' to 1100'. TOH with CBL.

TIH W/ squeeze gun and perf: 1250'-1251', W/4 JSPF, 4 shots

TOH W/ squeeze gun. TIH with 7" PKR and tbg to 378'.

Pump into squeeze holes, breaddown perfs @ 1600psi., AIP 200psi.

AIR 3 BPM. 21 BBls CL B standard cmt., communication with csg was noted. TOH W/TBG and 7" PKR.

TIH W/cmt ret, TBG to 1209' and set ret., pump 6 BBls of 2% KCL to establish cir. to csg., started pumping cmt @ 3 BPM @ 350psi. pump 100sx Cl B standard cmt. TOH with TBG & stinger.

RU pump and pump 2% KCL down csg and circ. fluid to surface through hole in csg @ 360', pumped 50 BW to clean up fluid. Pump 150 sx Cl B standard cmt W/2% CACL, Circ. cmt to surface.

TIH W/ 6-1/4" mill, collars & tbg, tagged cmt @ 300', started drlg cmt, drilled 65', fell out of cmt @ 365'. pressure tested squeeze to 1000psi. press. Held. TIH W/TBG to 1184' and tagged cmt on ret. drilled out 25' of cmt., TOH W/TBG collars & bit.

TIH W/ 6-1/4" mill, collars & TBG, started drlg, on ret. drilled through ret. & fell out of cmt @ 1264'. TOH W/ mill, collars & tbg. Pressure tested squeeze to 1000psi. Held.

TIH W/4-1/4" mill, collars & tbg to 3800', tagged CIBP @ 3800'. Started drlg CIBP, drilled through plug and chased plug to bottom. TOH with TBG, collars and mill.

TIH W/Production string, 2 3/8" TBG, landed TBG @ 4562' W/KB, sitting nipple @ 4532' W/KB, NDBOP, NU Wellhead, Rig down SU.

Returned to production 11/24/90.



EL PASO FIELD SERVICES

FIELD PIT SITE ASSESSMENT FORM

GENERAL

Meter: 70283 Location: LOBATO GAS COM A #1
Operator #: 0203 Operator Name: AMOCO P/L District: BLOOMFIELD
Coordinates: Letter: K Section 3 Township: 29 Range: 9
Or Latitude _____ Longitude _____
Pit Type: Dehydrator X Location Drip: _____ Line Drip: _____ Other: _____
Site Assessment Date: 4-28-94 Area: 10 Run: 22

SITE ASSESSMENT

NMOCD Zone:

(From NMOCD
Maps)

Inside

Outside

Land Type:

BLM ☐ (1)

State ☐ (2)

Fee ☒ (3)

Depth to Groundwater

Less Than 50 Feet (20 points) ☒ (1)

50 Ft to 99 Ft (10 points) ☐ (2)

Greater Than 100 Ft (0 points) ☐ (3)

Wellhead Protection Area :

Is it less than 1000 ft from wells, springs, or other sources of
fresh water extraction? , or ; Is it less than 200 ft from a private
domestic water source? ☐ (1) YES (20 points) ☒ (2) NO (0 points)

Horizontal Distance to Surface Water Body

Less Than 200 Ft (20 points) ☐ (1)

200 Ft to 1000 Ft (10 points) ☐ (2)

Greater Than 1000 Ft (0 points) ☒ (3)

Name of Surface Water Body _____

(Surface Water Body : Perennial Rivers, Major Wash, Streams, Creeks,
Irrigation Canals, Ditches, Lakes, Ponds)

Distance to Nearest Ephemeral Stream ☐ (1) < 100' (Navajo Pits Only)

☐ (2) > 100'

TOTAL HAZARD RANKING SCORE: 20 POINTS

REMARKS

Remarks : THREE PITS ON LOCATION, WILL CLOSE ONLY ONE. PIT IS DRY. LOCATION
IS JUST SOUTH OF THE VILLAGE OF TURLEY, JUST ACROSS THE HWY. FROM THE SAN JUAN
RIVER, AT THE BASE OF SOME CLIFFS. REDLINE AND TOPO CONFIRMED LOCATION TO

Dennis E. Zant
DEPUTY OIL & GAS INSPECTOR

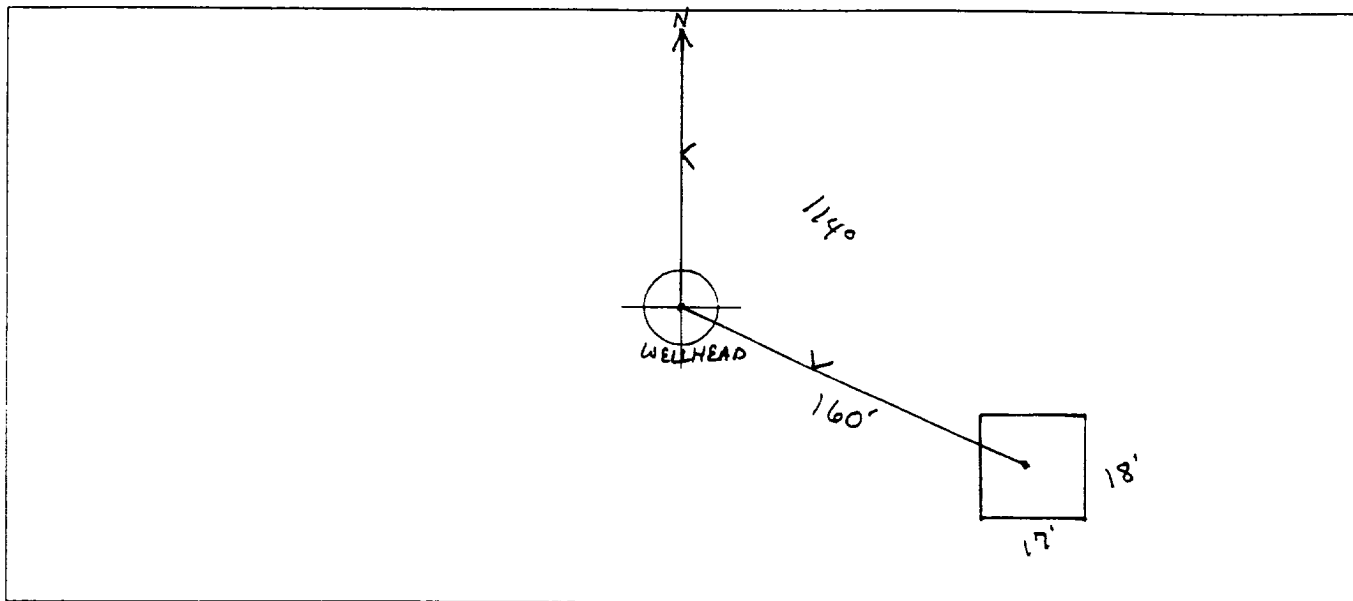
SEP 10 1996

RECEIVED
APR - 4 1996

OIL CON. DIV
DIST. 3

ORIGINAL PIT LOCATION

Original Pit : a) Degrees from North 114° Footage from Wellhead 160'
 b) Length : 18' Width : 17' Depth : 3'



Remarks :

TOOK PICTURES AT 11:29 A.M

END DUMP

Completed By:

Bob Thompson
 Signature

4-28-94
 Date

FIELD PIT REMEDIATION/CLOSURE FORM

GENERAL	<p>Meter: <u>70283</u> Location: <u>LOBATO GAS Com A#1</u></p> <p>Coordinates: Letter: <u>K</u> Section <u>3</u> Township: <u>29</u> Range: <u>9</u></p> <p>Or Latitude _____ Longitude _____</p> <p>Date Started : <u>5-12-94</u> Area: <u>10</u> Run: <u>22</u></p>
FIELD OBSERVATIONS	<p>Sample Number(s): <u>KP#41</u></p> <p>Sample Depth: <u>12</u> Feet</p> <p>Final PID Reading <u>000</u> PID Reading Depth <u>12</u> Feet</p> <p>Yes No</p> <p>Groundwater Encountered <input type="checkbox"/> (1) <input checked="" type="checkbox"/> (2) Approximate Depth _____ Feet</p>
CLOSURE	<p>Remediation Method :</p> <p>Excavation <input checked="" type="checkbox"/> (1) Approx. Cubic Yards <u>0</u></p> <p>Onsite Bioremediation <input type="checkbox"/> (2)</p> <p>Backfill Pit Without Excavation <input type="checkbox"/> (3)</p> <p>Soil Disposition:</p> <p>Envirotech <input type="checkbox"/> (1) <input checked="" type="checkbox"/> (3) Tierra</p> <p>Other Facility <input type="checkbox"/> (2) Name: _____</p> <p>Pit Closure Date: <u>5-12-94</u> Pit Closed By: <u>BEI</u></p>
REMARKS	<p>Remarks : <u>No Line Marking Pit seemed Pretty clean</u></p> <p><u>dog A Test Hole at 12' IN center of pit PID IS 000</u></p> <p><u>Closed Pit</u></p>
	<p>Signature of Specialist: <u>Kelly Padilla</u></p>



20

FIELD SERVICES LABORATORY
ANALYTICAL REPORT
PIT CLOSURE PROJECT - Soil

SAMPLE IDENTIFICATION

	Field ID	Lab ID
SAMPLE NUMBER:	KP41	945154
MTR CODE SITE NAME:	70283	N/A
SAMPLE DATE TIME (Hrs):	5-12-94	0830
SAMPLED BY:	N/A	
DATE OF TPH EXT. ANAL.:	5/16/94	5/16/94
DATE OF BTEX EXT. ANAL.:	5/19/94 N/A 5/19/94 N/A	5/19/94
TYPE DESCRIPTION:	UG	Brown Sand

REMARKS:

RESULTS

PARAMETER	RESULT	UNITS	QUALIFIERS			
			DF	Q	M(g)	V(ml)
BENZENE	20.025	MG/KG	1			
TOLUENE	20.025	MG/KG	1			
ETHYL BENZENE	0.079	MG/KG	1			
TOTAL XYLENES	20.025	MG/KG	1			
TOTAL BTEX	0.154	MG/KG				
TPH (418.1)	<10	MG/KG			2.10	28
HEADSPACE PID	0	PPM				
PERCENT SOLIDS	93.1	%				

-- TPH is by EPA Method 418.1 and BTEX is by EPA Method 8020 --

The Surrogate Recovery was at 85 % for this sample All QA/QC was acceptable.

Narrative:

ATI results attached.

DF = Dilution Factor Used

Approved By: John Lueder

Date: 7/14/94



Analytical**Technologies**, Inc.

2709-D Pan American Freeway NE Albuquerque, NM 87107
Phone (505) 344-3777 FAX (505) 344-4413

ATI I.D. **405378**

June 2, 1994

El Paso Natural Gas Company
P.O. Box 4990
Farmington, NM 87499

Project Name/Number: PIT CLOSURE 24324

Attention: John Lambdin

On **05/18/94**, Analytical Technologies, Inc., (ADHS License No. AZ0015), received a request to analyze **non-aqueous** samples. The samples were analyzed with EPA methodology or equivalent methods. The results of these analyses and the quality control data, which follow each set of analyses, are enclosed.

Client samples 945004 and 945007 were submitted to Analytical Technologies' Albuquerque laboratory past the recommended EPA holding time.

NOTED
8/6/94

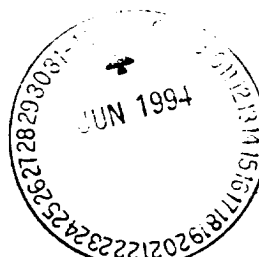
If you have any questions or comments, please do not hesitate to contact us at (505) 344-3777.

Letitia Krakowski, Ph.D.
Project Manager

H. Mitchell Rubenstein, Ph.D.
Laboratory Manager

MR:jd

Enclosure



GAS CHROMATOGRAPHY RESULTS

TEST : BTEX (EPA 8020)
 CLIENT : EL PASO NATURAL GAS CO. ATI I.D.: 405378
 PROJECT # : 24324
 PROJECT NAME : PIT CLOSURE

SAMPLE ID. #	CLIENT I.D.	MATRIX	DATE SAMPLED	DATE EXTRACTED	DATE ANALYZED	DIL. FACTOR
04	945153	NON-AQ	05/12/94	05/19/94	05/20/94	100
05	945154	NON-AQ	05/12/94	05/19/94	05/19/94	1
06	945155	NON-AQ	05/12/94	05/19/94	05/20/94	10

PARAMETER	UNITS	04	05	06
BENZENE	MG/KG	6.7	<0.025	<0.25
TOLUENE	MG/KG	150	<0.025	0.42
ETHYLBENZENE	MG/KG	29	0.079	<0.25
TOTAL XYLENES	MG/KG	370	<0.025	0.40

SURROGATE:

ROMOFLUOROBENZENE (%) 110 85 160*

*OUTSIDE ATI QUALITY CONTROL LIMITS DUE TO MATRIX INTERFERENCE

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-045-0868
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
2. Name of Operator BP America Production Company Attn: Mary Corley		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 3092 Houston, TX 77253		7. Lease Name or Unit Agreement Name: Lobato Gas Com A
4. Well Location Unit Letter K 1750 feet from the South line and 1550 feet from the West line Section 03 Township 29N Range 09W NMPM San Juan County		Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5651'		Pool name or Wildcat Blanco Mesaverde

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: **PayAdd** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

BP America Production Company respectfully request permission to add pay in the Menefee and Lewis Shale and stimulate as per the attached procedure.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Mary Corley* TITLE Sr. Regulatory Analyst DATE 07/22/2002

Type or print name Mary Corley Telephone No. 281-366-4491

(This space for State use)

APPROVED BY *Mary Corley* TITLE Sr. Regulatory Analyst DATE 07/22/2002
Conditions of approval, if any: