

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

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	6. LEASE DESIGNATION AND SERIAL NO. SF-078132
2. NAME OF OPERATOR Amoco Production Co.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	8. FARM OR LEASE NAME Annie L. Elliott I
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1605' FNL x 2100' FEL	9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Basin Dakota	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec. 14, T29N, R9W
12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT MAR 10 1986	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6400' GR

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	FEEL OR ALTER Casing
FRACURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACURE TREATMENT	ALTERING Casing
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Completion and Status	X

(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.)*

Moved in and rigged up service unit on 2-10-86. Total depth of the well is 7645' and plugback depth is 7604'. Drilled out cement to 7604' and circulated hole clean with 2% KCL water. Released the rig on 2-20-86.

Amoco Production Company wishes to inform you that the completion work on the subject well has been deferred until later this year.

RECEIVED
MAR 18 1986
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED BDS Law

TITLE Adm. Supervisor

DATE 3-6-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAR 17 1986

FARMINGTON RESOURCE AREA

BY J

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Annie L. Elliott I

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., N., OR ALK. AND SURVEY OR AREA

SW/NE Sec 14, T29N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

2325 E. 30 St., Farmington, NM 87401

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

At surface 1605' FNL x 2100' FEL

RECEIVED

SEP 08 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether of. vt. or. etc.)

6400' GR

6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

Defer Completion

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

7. 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 intends to defer the completion of the subject well until the spring of 1987 due to budgetary concerns.

OCT 03 1986
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

B. Shaw

TITLE

Adm. Supervisor

DATE

8-29-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

NMOCO

FARMINGTON RESOURCE AREA

BY

OCT 03 1986

8-98

OIL CONSERVATION DIVISION

Form C-127
Revised 10-1-78STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088
SANTA FE, NEW MEXICO 87501

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test		☒ Initial		☐ Annual		☒ Special		Test Date		10-21-87					
Company				Connection				Unit							
Amoco Production Company				El Paso											
Pool				Formation				Well No.							
Basin				Dakota				1							
Completion Date		Total Depth		Plug back TD		Elevation		Farm or Lease Name							
8-31-87		7665		7597		6400 GR		A.L. Elliott "I"							
Coq. Size	Wt.	Set At	Perforations	From		To		Well No.							
4.500	11.6	4.000	7645	7348		7574		1							
Trq. Size	Wt.	Set At	Perforations	From		To		Unit							
2.375	4.7	1.995	7560	Open		Ended		G 14 29 9							
Type Well - Single - Floodhead - G.C. or G.O. Multiple								Packer Set At		County					
Single								None		SJ					
Producing Thru		Reservoir Temp. °F		Mean Annual Temp. °F		Baro. Press. - P ₀		State							
Tubing								NM							
L	H	G _g	% CO ₂	% N ₂	% H ₂ S	Prover		Meter Run		Taps					
FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow					
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F					
51	8						2165		2170						
1.	2.375		.750				80		350		3 hrs.				
2.															
3.															
4.															
5.															
RATE OF FLOW CALCULATIONS															
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Super Compress. Factor, F _{sp}	Rate of Flow Q, Mc/d								
1	12.365		92	1.000	.9258	1.011	1065								
2.															
3.															
4.															
5.															
NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/ubbl.										
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.										
2.					Specific Gravity Separator Gas _____ X X X X X X X X										
3.					Specific Gravity Flowing Fluid _____ X X X X X										
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.										
5.					Critical Temperature _____ R _____ R										
P _r 2182 P _r ² 4761124					(1) $\frac{P_r^2}{P_w^2 - P_r^2} = 1.0283$										
NO.	P _r ²	P _w	P _w ²	P _r ² - P _w ²	(2) $\left[\frac{P_r^2}{P_r^2 - P_w^2} \right]^n = 1.0212$										
1		362	131044	4630080											
2															
3															
4															
5															
Absolute Open Flow 1088					Mcf @ 15.025					Angle of Slope @		Slope, n .75			
Remarks: Lite H ₂ O, Flared															
Approved by Division				Conducted By Kelly Stone				Calculated By J.J. Barnett				Checked By			

NOV 02 1987

OIL CON. DIV
DIST. 3

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ 07 NOV -3 AM 8:38

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. CENVR. ☐

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

2325 E 30th, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1605' FNL x 2100' FEL

At top prod. interval reported below

Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 12/20/85 16. DATE T.D. REACHED 01/03/86 17. DATE COMPL. (Ready to prod.) 09/01/87 18. ELEVATION (DF, RKB, RT, GR, ETC.)* 6415' KB 19. ELEV. CASINGHEAD 6400' TR

20. TOTAL DEPTH, MD & TVD 7645' 21. PLUG. BACK T.D., MD & TVD 7597' 22. IF MULTIPLE COMPL., HOW MANY* One 23. INTERVALS DRILLED BY O-TD 24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7366'-7574' Basin Dakota 25. WAS DIRECTIONAL SURVEY MADE Yes 26. TYPE ELECTRIC AND OTHER LOGS RUN DIFL, GR; CDL, CNL, GR, CAL

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	36# J55	354'	12-1/4"	385 CF Class B Portland	
7"	20# J55	3411'	8-3/4"	764 CF Class B Portland	
				231 CF Class B Portland	
4-1/2"	11.6# K55	7645'	6-1/4"	183 CF Class B Portland	(over)

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
					2-3/8"	7560'

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
7496-7506, 7522-7574, 4 jspf, .48" dia, 248 holes, 7436-7450, 7348-7366, 4 jspf, .48" dia, 128 holes		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		7496-7574	66230 gal 30# xlink gel
		7348-7366	46600# 20-40 mesh brady sn
		7366-7450	50000 gal 70 qual foam
			85000# 20-40 mesh brady sn

33. PRODUCTION							
DATE FIRST PRODUCTION 10/20/87		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut in	
DATE OF TEST 10/21/87	HOURS TESTED 3	CHOKE SIZE .75	PROD'N. FOR TEST PERIOD	OIL—BBL. 133	GAS—MCF. 1065	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 80	CASING PRESSURE 350	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold TEST WITNESSED BY Kelly Stone

35. LIST OF ATTACHMENTS None ACCEPTED FOR RECORD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED [Signature] TITLE Admin. Supervisor DATE 11/02/87

*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Gallup Greenhorn Dakota	6485' 7240' 7347'	6924' 7304' TD	#28 cont. 4-1/2" casing cementing record 279 CF Class B Portland 248 CF Class B Portland			

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 03 1987

OIL CON. DIV.
DIST. 3

Operator Amoco Production Company	
Address 2325 E. 30th, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Annie L. Elliott I	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. SF-07813
Location Unit Letter <u>G</u> : <u>1605</u> Feet From The <u>North</u> Line and <u>2100</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Caller Service 4990, Farmington, NM
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>14</u> Twp. <u>29N</u> Rge. <u>9W</u>	No

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.

BDS Shaw
(Signature)

Admin. Supervisor

(Title)

November 2, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 09 1987

BY

Original Signed by CHARLES GHOLSON

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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Full Restv.
			X	X					
Date Spudded 12/20/85	Date Compl. Ready to Prod. 09/01/87	Total Depth 7645'				P.B.T.D. 7597'			
Elevations (DF, RKB, RT, GR, etc.) 6400' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7366'				Tubing Depth 7560'			
Perforations 7496-7506 7522-7574 7436-7450 7348-7366						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8" 36# J55		354'		385 cf				
8-3/4"	7" 20# J55		3411'		995 cf				
6-1/4"	4-1/2" 11.6# K55		7645'		710 cf				
	2-3/8"		7560'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

GAS WELL

Actual Prod. Test - MCF/D 1065	Length of Test 3 hr	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug back pr.) Back Pressure	Tubing Pressure (Shut-in) 2165	Casing Pressure (Shut-in) 2170	Choke Size .75

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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 ☐	5. LEASE DESIGNATION AND SERIAL NO. SF-078132
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E. 30th, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1605' FNL x 2100' FEL	8. FARM OR LEASE NAME Annie L. Elliott I
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec 14 T29N R9W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6400' GR	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	Top ☐

(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.) *

This well is an infill Dakota. The logs covered the productive pay zone only. No logs were run above the given tops.

RECEIVED
NOV 23 1987
OIL CON. DIV.
DIST. 3

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

SIGNED

B. Shaw

TITLE

Admin. Supv.

DATE Nov. 18, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE NOV 21 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED FOR RECORD

*See Instructions on Reverse Side

NMOCC