\_strict \( \frac{1}{2} \) - (305) 393-6161
PO Box 1980
Hobbs, NM 88241-1980
District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 827-7131

## New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

Form C-139 Originated 11/1/95

Submit Original Plus 2 Copies to appropriate District Office

## APPLICATION FOR QUALIFICATION OF PRODUCTION RESTORATION PROJECT AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION MUST BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE OIL CONSERVATION DIVISION.

SKANION DIA191								
Operator:	Amoco Produc	ction Company		OGRID #:	000778			
Address:	P.O. Box 800,	Denver, Colorado 80201						
Contact Party:	Patricia J. Had	efele		Phone:	(303) 830-4988			
Name of Well:		yon Unit #189		API #:	3004507678			
Location of Well: Unit Letter <u>E</u> , <u>2480</u> Feet from the <u>North</u> line and <u>1160</u> Feet from the <u>West</u> line, Section <u>36</u> , Township <u>29N</u> , Range <u>13W</u> , NMPM, <u>San Juan County</u> .								
Previous Producin	ng Pool Name:	Basin Dakota						
Describe the process used to return the Well to production. (Attach additional information if necessary): Repair - see attached sundry								
Date the Well wa	ne Production Restoration Project was commenced: 12/5/95 ne Well was returned to production: 1/96							
Identify the Oil Conservation Division records which show the Well had thirty (30) days or less production between January 1, 1993, and December 31, 1994:								
[ ] Ongard inac	tive well list; or	[X] OCD Form C-115	(Operator's Monthly Rep	ort)				
AFFIDAVIT:								
State of Colorad								
County of Denv	,							
<ol> <li>I am the Operator or authorized representative of the Operator of the above referenced Well.</li> <li>I have personal knowledge of the facts contained in this Application for Qualification of a Production Restoration Production Production Production Restoration Production Product</li></ol>								
								3. The data utilized to prepare this application is complete and correct.
			(Name) Staff Assistant	a.J. W	aefeli			
	Operator:  Address:  Contact Party:  Name of Well: Location of Well: Unit Letter E, 24 NMPM, San Juan  Previous Produci Describe the proc Repair - see attace Date the Product Date the Well was Identify the Oil January 1, 1993, [ ] Ongard inace  AFFIDAVIT: State of Colorad County of Denverticia J. Haefe 1. I am the Operation	Address:  P.O. Box 800,  Contact Party:  Patricia J. Had  Name of Well:  Location of Well:  Unit Letter E, 2480 Feet from the  NMPM, San Juan County.  Previous Producing Pool Name:  Describe the process used to return Repair - see attached sundry  Date the Production Restoration In Date the Well was returned to producing the Oil Conservation In January 1, 1993, and December 3  [ ] Ongard inactive well list; or  AFFIDAVIT:  State of Colorado )  Ss.  County of Denver )  Patricia J. Haefele, being first du  1. I am the Operator or author  2. I have personal knowledge of	Address:  P.O. Box 800, Denver, Colorado 80201  Contact Party:  Patricia J. Haefele  Name of Well:  Unit Letter E, 2480 Feet from the North line and 1160 For NMPM, San Juan County.  Previous Producing Pool Name:  Basin Dakota  Describe the process used to return the Well to production. Repair - see attached sundry  Date the Production Restoration Project was commenced: Date the Well was returned to production:  Identify the Oil Conservation Division records which s January 1, 1993, and December 31, 1994:  [] Ongard inactive well list; or [X] OCD Form C-115 (  AFFIDAVIT:  State of Colorado  ) ss.  County of Denver  )  Patricia J. Haefele, being first duly sworn, upon oath states  1. I am the Operator or authorized representative of the case of the facts contained in the contained in the case of the facts contai	Address:  P.O. Box 800, Denver, Colorado 80201  Contact Party:  Patricia J. Haefele  Name of Well:  Unit Letter E. 2480 Feet from the North line and 1160 Feet from the West line, Standard Sandard County.  Previous Producing Pool Name:  Basin Dakota  Describe the process used to return the Well to production. (Attach additional information repair - see attached sundry)  Date the Production Restoration Project was commenced:  12/5/95  Date the Well was returned to production:  Identify the Oil Conservation Division records which show the Well had third January 1, 1993, and December 31, 1994:  [] Ongard inactive well list; or [X] OCD Form C-115 (Operator's Monthly Repair - State of Colorado ) ss.  County of Denver )  Patricia J. Haefele, being first duly sworn, upon oath states:  1. I am the Operator or authorized representative of the Operator of the above refails.  2. I have personal knowledge of the facts contained in this Application for Quality (Name)	Address:  P.O. Box 800, Denver, Colorado 80201  Contact Party:  Patricia J. Haefele  Phone:  Name of Well:  Location of Well: Unit Letter E. 2480 Feet from the North line and 1160 Feet from the West line, Section 36, To NMPM, San Juan County.  Previous Producing Pool Name:  Basin Dakota  Describe the process used to return the Well to production. (Attach additional information if neces Repair - see attached sundry  Date the Production Restoration Project was commenced:  Date the Well was returned to production:  Identify the Oil Conservation Division records which show the Well had thirty (30) days of January 1, 1993, and December 31, 1994:  [] Ongard inactive well list; or [X] OCD Form C-115 (Operator's Monthly Report)  AFFIDAVIT:  State of Colorado  ) SS.  County of Denver  )  Patricia J. Haefele, being first duly sworn, upon oath states:  1. I am the Operator or authorized representative of the Operator of the above referenced Well.  2. I have personal knowledge of the facts contained in this Application for Qualification of a Program of the data utilized to prepare this application is complete and correct.  Latura J. Hamber Colorator of the Application of a Program of the data utilized to prepare this application is complete and correct.			

(Title)

SUBS	CRIBED AND SWORN TO before me this 24th day of April , 1996.						
Му Со	ommission expires: August 12, 1999						
FOR C	OIL CONSERVATION DIVISION USE ONLY:						
VIII.	CERTIFICATION OF APPROVAL:						
•	This Application for Qualification of a Production Restoration Project is hereby approved and the above referenced Well is designated as a Production Restoration Project pursuant to the "Natural Gas and Crude Oil Production Incentive Act" (Laws 1995, Chapter 15, Sections 1 through 8). By copy of this Application and Certification of Approval, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored in this Production Restoration Project on:						
	District Supervisor, District 3 Oil Conservation Division  Date: 5/3/86						
IX.	DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT.						
	DATE:						

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d Submit 3 Copies	Stat	le of New M	exico	ì	·
to Appropriate District Office	Energy, Minerals a	nd Natural R	esources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSI	ERVATIO	N DIVISION	[	
DISTRICT II		P.O. Box 208		WELL API NO.	07670
P.O. Drawer DD, Artesia, NM 8821		New Mexico	87504-2088	30045 5. Indicate Type of Lease	J/6/8
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87	410			STA 6. State Oil & Gas Lease 1	TE X FEE
SUNDRY N	OTICES AND REP	ODIC ON A	AUTILIO		
DIFFERENT RES	PROPOSALS TO DRILL ERVOIR. USE "APPLI 1 C-101) FOR SUCH P	L OR TO DEEP	TENLOR BLUM S	7. Lease Name or Unit Ag	reement Name
ou to	[X] OTHER	nor osacs.j		Gallegos Ca	myon Unit
2. Name of Operator					
Amoco Production Company		Attention:	ty Haefele	8. Well No.	
2. Morres of Obergiot			tty riaeieie	18	9
4. Well Location			(303) 830-4988	9. Pool name or Wildcat Basin D	akota
Unit Letter E : 24	180 Feet From The	North	Line and 110	60 Feet From The	West Line
Section 36	Township	29N 1	Range 13W N		
		ion (Show when	her DF, RKB, RT, GR, etc.)		ari County
11. Check Λ <sub>1</sub>	opropriate Box to	Indicate 1	Nature of Notice, Rep		
NOTICE OF IN	TENTION TO:		SUB	or Other Data	\ <b></b>
PERFORM REMEDIAL WORK	PLUG AND ABANG	DON [1	1	SEQUENT REPORT C	
TEMPORARILY ABANDON (C)	IMEGA	l1	REMEDIAL WORK	ALTERING	CASING
	FCHANGE BLANS		COMMENCE DRILLING OF	PNS. PLUG AND	ABANDONMENT
PULL OR ALTER DASINGJAN 10			CASING TEST AND CEMI	ENT JOB	_
OTHER:			OTHER:	Reperl/frac	[x
12. Describe Proposed or Completed Opwork) SEE RULE 1103. [1]	stations (Cledrly store ale	l pertinent detai	lls, and give pertinent dates, inc	luding estimated date of start	ing any proposed
MIRUSU 12/5/95. Run	short gamma ray	log Porfe	aralad COZO COOO!		
MIRUSU 12/5/95. Run diameter, 152 total shots top perfs to isolate from	. 3.125" pun size	120 doc.	haten 60/2-6092' and	6154-6210' with 2	JSPF, .340"
top perfs to isolate from	lower perfs to tes	t for come	masing, 12.5 gms. Se	t packer at 6125' be	low the new
test to 1000#, held ok. I	ocate leak at 338	22' Set na	numeation between po	erls, held ok. Set RE	3P at 6043',
Class B neat, 15.6 ppg.	Fag cement at 32	31' Dell	coment to 2221 as a s	ze leak at 3382' will	1 150 sx
Class B neat, 15.6 ppg. Reset RBP at 6140'. Set would not set, TOII. Mi	packer at 6100'	Toet DDI	Coment to 3731-3282	Pressure test to 50	)0 psi, held.
would not set, TOIL Mi	ni frac 6072-6003	2' with 50	719 II 2044 C	elease packer. Rese	t at 5900'
max pressure 5244 psi, m	ax rate 5.8 bom	Flow well	Clarrant GILCLC	sand, 896,903 scf, 7	0% quality,
RDMOSU 12/19/95.	, , , , , , , , , , , , , , , , , , ,	TIOW WCI	. Cleanout III 6160-6	225'. Land tubing a	it 6187'.
Note: This well was appro	oved 5/1/95 as a	recompleti	on, but is actually a re	perf.	
I hereby certify that the information abov	e is true and complete to	the best of my	knowledge and ball-f		
SIGNATURE Latty Hae	Rele	TI	Staff Assist	ant	01.00.1000
TYPE OR PRINT NAME	fele Patty Haefele	••	SRBU		01-09-1996
This space for State Use)			JAN 1 6 1996		o. (303) <b>B</b> 30-4988
Gregore or Original Signed by	FRANK T CHAVES		CHDEDUGGG		
ONDITIONS OF APPROVAL, ICANY:		ADMI	MEZHYELVERUNETI	RICT II 3 DATE J	AN 1 0 1996

COMPRESONS OF APPROVAL, IF ANY: