

DISTRICT I

P.O. Box 1980, Hobbs, NM

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-045-07970

Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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 ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

AMOCO PRODUCTION COMPANY

Attention:

Mary Corley

7. Lease Name or Unit Agreement Name

Gallegos Canyon Unit

8. Well No.

173

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter

A

1025

Feet From The

NORTH

Line and

925

Feet From The

EAST

Line

Section

29

Township

29N

Rang

12W

NMPM

San Juan

County

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

5330'

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: Recomplete Uphole

☒

**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)

Amoco Production Company request permission to recomplete the subject well from the Basin Dakota to the Basin Fruitland Coal Gas Pool as follows:

1. Check anchors. MIRUSU.
2. Check and record tubing, casing and bradenhead pressures.
3. Blow down wellhead, kill if necessary.
4. Nipple down wellhead, nipple up and pressure test BOP.
5. TOH with tubing.
6. P&A Dakota. Set CIPB within 50' of top Dakota perf. Spot 150' cmt plug on top of CIBP.
7. Log Fruitland Coal interval with CBL/GR/CCL to insure zonal isolation across FC.
8. Perforate the following interval with 4JSPF, 120 deg. phasing: FRLD 1190-1200, 1214-1225, 1230-1235.
9. Fracture stimulate down casing according to schedule 'A'.
10. CO to PBTD.
11. TIH with 2 3/8" tbg, rods, and pump. Land 1 joint below perfs if possible.
12. RDMO. Hook up to pumping unit and well head compressor.

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

SIGNATURE

*Mary Corley*

TITLE

Staff Assistant

DATE

09-15-1999

TYPE OR PRINT NAME

Mary Corley

TELEPHONE NO.

281-366-4491

(This space for State Use)

DEPUTY OIL & GAS INSPECTOR, DIST. 3

SEP 20 1999

APPROVED BY ORIGINAL SIGNED BY ERNIE BUSCH

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
311 South First., Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

2040 South Pacheco  
Santa Fe, New Mexico 87505

Form C-102  
Revised October 18, 1994  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

99 SEP -2 PM 12:47

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number 30-045-07910	Pool Code 71629	Pool Name Basin Fruitland Coal Gas
Property Code 000570	Property Name GALLEGOS CANYON UNIT	Well Number 173
OGRID No. 000778	Operator Name AMOCO PRODUCTION COMPANY	Elevation 5330

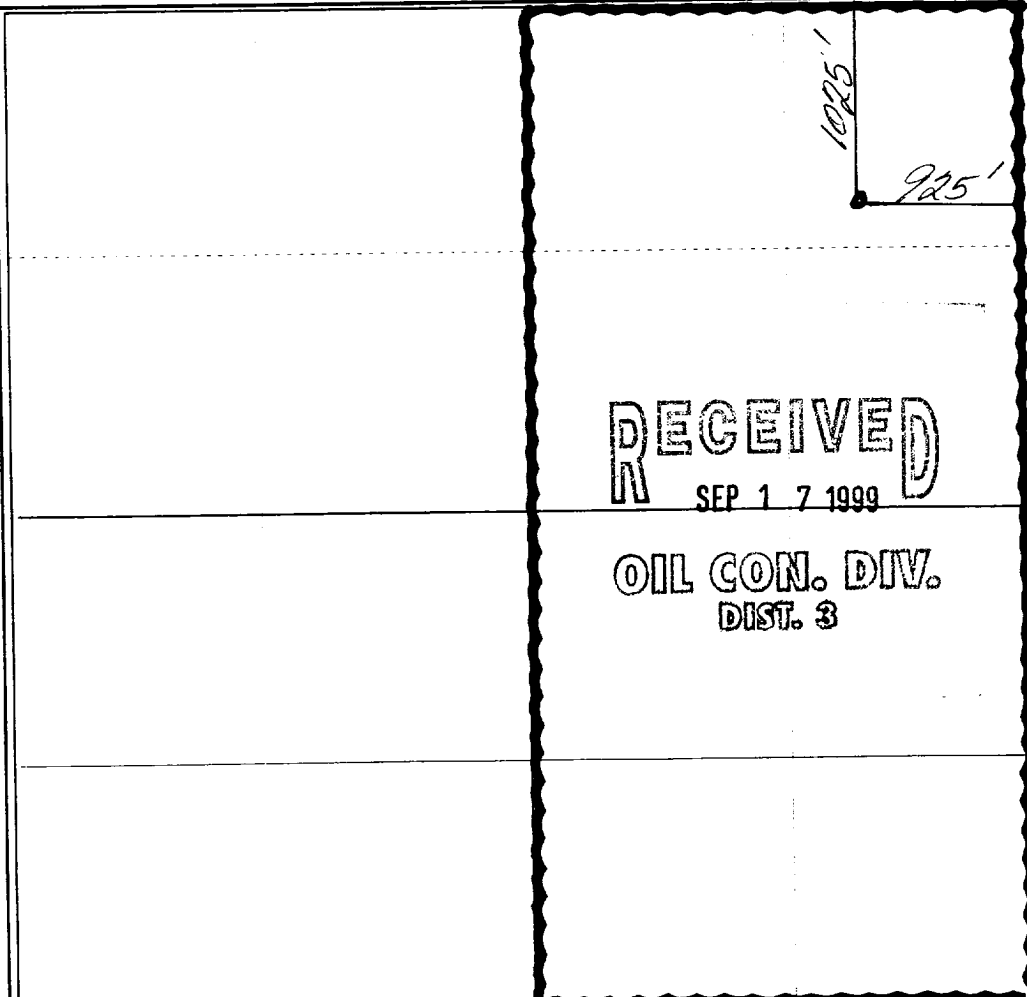
**Surface Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
UNIT A	29	29N	12W		1025	NORTH	925	EAST	San Juan

**Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Dedicated Acreage: 420 318.84	Joint or Infill	Consolidation Code		Order No.					

**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**

	<b>OPERATOR CERTIFICATION</b>
	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
	Signature <i>Mary Corley</i>
	Printed Name Mary Corley
	Position Sr. Business Analyst
	Date 08/31/1999
	<b>SURVEY CERTIFICATION</b>
	I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.
	Date of Survey 01/18/1964
	Signature & Seal of Professional Surveyor
	James P Leese
	Certificate No. 1463