Form 3160-5
(November 1983)
(Formerly 9-331)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: SF-078109

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME: Gallegos Canyon Unit

2. NAME OF OPERATOR: Amoco Production Co.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: 501 Airport Drive, Farmington, N M 87401

9. WELL NO.: 210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1720' FSL X 1140' FWL

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: NW/SW Sec. 31, T29N, R12W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5503' GR

12. COUNTY OR PARISH: San Juan

13. STATE: N M

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	X	CHANGE PLANS	☐	(Other)			☐
(Other)			☐	(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.) *

Amoco Production Company requests approval to repair the subject well according to the attached procedure.

RECEIVED
NOV 26 1984
OIL CON. DIV.
DIST. 3

RECEIVED
OCT 25 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED Original Signed By B. D. Shaw TITLE Adm. Supervisor DATE 10-24-84

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 20 1984

CONDITIONS OF APPROVAL, IF ANY:

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT WORKOVER

DATE: 10/8/84

OPERATIONS TO BE PERFORMED: (CIRCLE ONE) RECOMPLETION **(REPAIR)** SERVICE

LEASE AND WELL Gallegos Canyon Unit 210 FIELD Basin

FORMATION Dakota LOGS GR-SP-TEL-Acoustic

LOCATION 1720 FSL X 1140 FWL, Sec 31, T29N, R12W, San Juan County, NM

COMP. DATE 3/1/66 EL: 5513 KB TD: 6080 PBD: 6048

CSG: 8 5/8" 32 # H-40 @ 358': 4½" 10.5 # K55 @ 6080'

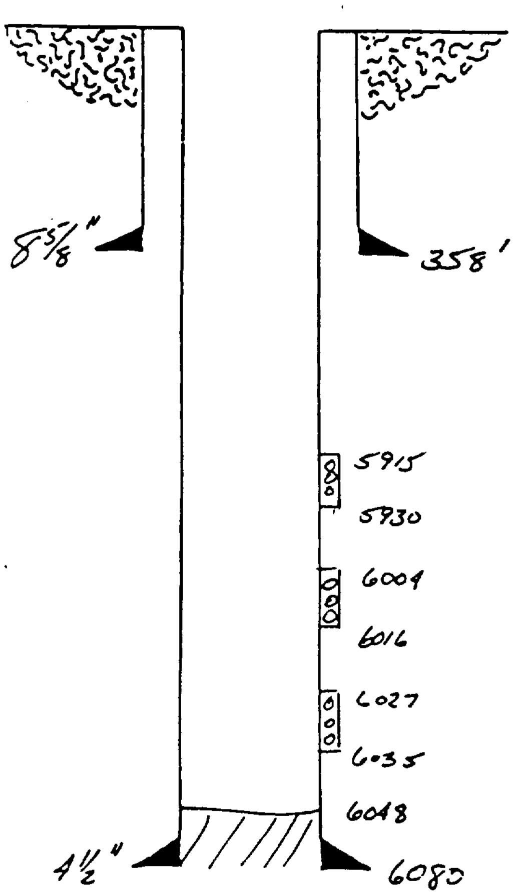
COMP. INT. 5906-6035 ORIG. STIM. 80 mgal 80 mlbs sand

IP 9097 MCFD CURRENT PROD. INT. Same

PURPOSE: Repair Casing Leak

WJH TKA GOM ~~DHS~~ (MCH) RGH BVD GMK (5/PERMITTING DESK) ENGR FILE

WELLBORE SKETCH



PROCEDURE

1. Nipple down wellhead, nipple up BOP's. Trip in with tubing and clean out to PBD with N_2. Trip out.
2. Trip in with tubing packer and bridge plug. Set bridge plug at 5900. Set packer and pressure test bridge plug. Pressure test backside to 2000 psi. Move up hole and isolate leaks. Report to main office.
3. Trip in and retrieve bridge plug. Reset below bottom leak. Set packer above top leak. Establish rate into holes. (Be sure to drop sand on top of BP!)
4. Squeeze with 100 sx Class B cement with 5 lbs/sk gilsonite. Unset packer and trip out. Wait on cement.
5. Trip in with tubing and 3⅞" bit. Drill out cement. Pressure test leaks to 2000 psi. Trip out.

DISTRICT MANAGER W. J. Holcomb
DISTRICT ENGINEER Jim Ottendorf
DISTRICT FOREMAN F.W. Ennis
ENGINEER D.S. Ramsey
DATE

ENGSPE ENG-40

6. Trip in with 2 3/8" tubing and retrieving head. Retrieve bridge plug.

7. Establish rate of 30 BPM with 2% KCL water. Shut down and obtain ISIP.

8. Trip in with 2 3/8" tubing and seatooth collar Land at 4915. Top joint should be a blast joint.

9. Frac down tubing and annulus (90% N_2 down tubing, 10% N_2 + 100% H_2O and sand down annulus) with 7,000 gal 70 quality N_2 foam containing 20lb/1000 gel, 1 gal/1000 surfactant, 2% KCL and 12,000 lbs 20-40 sand as follows:

Stage Number	Stage Volume (gal)	Sand Concentration (PPG)
1	1000	0
2	6000	2

10. Shut in for 2 hrs.

11. Flow back to clean up

12. Trip in with tubing and clean out to PBD with N_2. Land tubing at 6035.

Notes

1. Report all load water pumped and recovered on daily wire.
2. Filter all frac water and run viscosity check before job Run Sieve analysis on sand, taking samples from the top of each hopper and at the blender.

Amoco Production Company

WELL REPAIR AUTHORIZATION AND REPORT

ORIGINAL BLANK
CORRECTION 6
DELETION 9
FLAC (WELL) NO.
HORIZON CODE
CONTROL DATE MO DAY YR

LEASE/UNIT NAME AND WELL NUMBER: Gallegos Canyon Unit No 210
HORIZON NAME: Dakota
FIELD: Basin
COUNTY: San Juan
STATE: NM
OPERATOR: Amoco
DISTRICT: Farmington
ELEVATION: 5513
ELEV. REFERENCE PT.: KB
LAST PRODUCING WELL ON LEASE: YES (NO)
T. D.: 6080
P.B.T.D.: 6048
LOCATION: 1720 FSL X 1190 FWL, Sec 34, T29N, R12W

A. Amoco WORKING INTEREST: 0.53.17
B. Amoco NET INTEREST: 0.45.72
OTHER WORKING INTERESTS: GCU Dakota Participating Area
TOTAL REPAIR HORIZONS: 1
STATUS AFTER REPAIR: PRODUCING [X] INJECTION [ ]
PRODUCTION INCREASE EXPECTED: YES [X] NO [ ]

TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2

C. CONVERT TO INJECTION	[ ]	CONVERT TO PROD.	[ ]	DEEPEN	[ ]
D. WATER FRAC	[ ]	OIL FRAC	[ ]	ACID FRAC	[ ]
E. ACIDIZE	[ ]	REPAIR CASING	[1]	WHIPSTOCK	[ ]
F. PLUG BACK	[ ]	PERFORATE	[ ]	CEMENT SQUEEZE	[ ]
G. WASHING SAND	[ ]	SAND CONTROL	[ ]	OTHER	[ ]
H. SET LINER OR SCREEN	[ ]	PULL LINER OR SCREEN	[ ]		

I. TREATING VOLUME - GAL.: 7000 AREA REPAIR CODE:

REPAIR DESCRIPTION MAXIMUM 25 SPACES

J. Repair csg leak and stimulate

	BEFORE	ANTICIPATED	UNIT PRICE
K. OIL ____ BOPD	0	1	$/BBL 29.00
L. WATER ____ BWPD	0	0	
M. GAS ____ MCFD	14	178	$/MCF 1.25
N. OTHER ____ /DAY			$/UNIT

EXPECTED PAYOUT 15 MONTHS

GROSS INJECTION
P. Q. WATER [ ] GAS [ ] LPG [ ] AIR [ ] STEAM [ ] OTHER [ ]

	BEFORE	ANTICIPATED
R. RATE ____ BPD OR MCFD		
S. PRESSURE ____ PSIG		

ESTIMATED COST

INTANGIBLES	
RIG COST	$ 13,500
EQUIPMENT RENTAL	2,500
CIRCULATING MEDIA	2,500
CEMENT AND SERVICE	5,000
PACKERS AND EQUIPMENT	
PERFORATE, LOG, WIRELINE	
STIMULATION	15,000
LABOR	4,500
SPECIAL EQUIPMENT	
FISHING	
OTHER INTANGIBLES	8,000
TOTAL INTANGIBLES	$ 48,000
TANGIBLES	
CSG., TBG., HEAD, ETC.	$
TOTAL GROSS COST	$ 48,000
Amoco WORKING INTEREST COST	$ 24,816

REASON FOR WORK

This well has logged off suddenly and will not unload, even with a plunger. Its behavior indicates a poss. csg leak. This workover will isolate and repair the leak as well as stimulate the Dakota with a small volume N_2 foam frac to restore permeability to gas and frac past any damage.

T. REPAIR RESULT SUCCESS [ ] FAILURE [ ]
DATE REPAIR COMPLETED MO. ____ DAY ____ YR. ____
GROSS PRODUCTION DURING PAYOUT
U. OIL ____ BOPD
W. WATER ____ BWPD
GAS ____ MCFD
OTHER ____ /DAY
GROSS INJECTION
Y. RATE ____ BPD OR MCFD
PRESSURE ____ PSIG
Z. ESTIMATED FINAL GROSS COST $

RECOMMENDED DATE 10/8/84
AUTHORIZED MO. DAY YR.

Form 5588 Nov-79

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

I.

Operator: Amoco Production Company

Address: 501 Airport Drive Farmington, NM 87401

RECEIVED
FEB 21 1985
OIL CON. DIV.
DIST.

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [X] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gallegos Canyon Unit	210	BASIN DAKOTA	State, Federal or Fee Federal	92000844

Location

Unit Letter L : 1720 Feet From The South Line and 1140 Feet From The West

Line of Section 31 Township 29 N Range 12 W , NMPM. San Juan 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 Corp. Permian (Eff. 9 / 1 /87)	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 Company	P. O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
—	L	31	29N	12W		

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 FEB 21 1985, 19

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 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.