

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF-080647
2. Name of Operator AMOCO PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 3092 HOUSTON, TX 77253		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 281.366.4081 Fx: 281.366.0700		8. Well Name and No. MONCRIEF FEDERAL 1E
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T29N R12W NWNW 870FNL 1130FWL		9. API Well No. 30-045-26450
		10. Field and Pool, or Exploratory BASIN DAKOTA
		11. County or Parish, and State SAN JUAN COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Amoco Production Company intends to perform a bradenhead repair per the attached procedure.

For technical questions please call Allen Kutch @ 281-366-7955

14. I hereby certify that the foregoing is true and correct. Electronic Submission #9815 verified by the BLM Well Information System For AMOCO PRODUCTION COMPANY, sent to the Farmington	
Name (Printed/Typed) CHERRY HLAVA <i>Cherry Hlava</i>	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 12/18/2001

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <i>/s/ Jim Lovato</i>	Title	Date JAN - 3 2002
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

## San Juan Basin Well Work Procedure

**Well Name:** Government Moncrief Federal 1E  
**Version:** #1  
**Date:** 12/18/2001  
**Budget:** DRA  
**Repair Type:** Bradenhead Type 1

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**Objectives:**

1. Repair bradenhead.

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**Pertinent Information:**

Location:	Sec 22 of T29N-R12W	Horizon:	Dakota
County:	San Juan	API #:	30-045-26450
State:	New Mexico	Engr:	Allen Kutch
Lease:		Phone:	(281)366-7955
Well Flac:	84634801		
Lease Flac:	161006	SAP	X4-

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**Economic Information:**

APC WI: 0.51  
Estimated Cost: \$45,000  
  
Production rate: 90 mcf/d

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**Formation Tops:** (Estimated formation tops)

Nacimiento:		Menefee:	
Ojo Alamo:	175 (estimated)	Point Lookout:	
Kirtland Shale:		Mancos Shale:	
Fruitland:	1175 (estimated)	Gallup:	5099 (logged)
Pictured Cliffs:		Graneros:	
Lewis Shale:		Dakota:	5948 (logged)
Chacra:		Morrison:	
Cliff House:	3010(estimated)		



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**Bradenhead Test Information:**

**Test Date:** 8/16/00    **Tubing:** 139    **Casing:** 154    **BH:** 58

Time	BH	CSG	INT	CSG
5 min				
10 min				
15 min				

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**Comments:** BH blew at a whisper entire test. BH psi after 5 minute SI was TSTM, and csg was 154.

### Bradenhead Repair Procedure - Type 1 (2 strings of casing)

1. Contact Federal and State agencies prior to starting repair work (NMOCD Charlie Perrin, 505-334-6178 X16, BLM 505-599-8907).
2. Check location for anchors. Install if necessary. Test anchors.
3. Catch gas and/or water sample off of bradenhead and casing for analysis.
4. MIRUSU. Check and record tubing, casing and bradenhead pressures.
5. Blow down well and kill well, if necessary, with 2% KCL water.
6. ND wellhead. NU and pressure test BOP's.
7. TIH and tag 6233' PBTD, check for fill. Trip and tally out of hole with tubing, checking condition of tubing.

NOTE: This well is suspected of having junk in the tubing.

8. TIH with bit and scraper to top of perforations. A seating nipple and standing valve may be run in order to pressure test tubing. TOH.
9. TIH with RBP and packer. Set RBP 50 - 100 feet above perforations. Pressure test csg to 500 psi. Cap RBP with sand.
10. Log CBL/CCL from 1500' - 250' to determine cement top.
11. Perforate casing above cement top, if necessary, with 4 JSPF and determine cement volume.
12. Mix and pump sufficient cement (Class B or equivalent, with a setting time of 2 hours) to circulate to surface. Shut bradenhead valve and attempt to walk squeeze to obtain a 500 psi squeeze pressure. WOC.
13. TIH with bit and scraper and drill out cement. Pressure test casing to 500 psi. TOH with bit and scraper.
14. TIH with retrieving head for RBP. Circulate sand off of RBP. Swab fluid off of RBP and retrieve RBP.
15. TIH with sawtooth collar and/or bailer and clean out hole to PBTD, if fill was found in step 7. TOH.
16. TIH with production string and land tubing at 5970'. NDBOP. NU wellhead.
17. Swab well in and put on production.
18. RDMOSU.



Government Moncrief Federal 1E  
San Juan County, NM  
Unit D Section 22 T29N - R12W  
Run 22

12-18-2001  
ATK

KB: 12'

DK Perfs:

5950' - 5956'  
5962' - 5968'  
6020' - 6058'  
6082' - 6090'

