

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-06105
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 East 30th Street, 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: 1090' FNL X 1640' FEL		8. FARM OR LEASE NAME Federal Gas Com L
14. PERMIT NO.		9. WELL NO. 1E
15. ELEVATIONS (Show whether DI, RT, GR, etc.) 5919' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NE Sec 14, T30N, R11W
		12. COUNTY OR PARISH 13. STATE San Juan 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other: Isolate Water Productive Zone)
(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 isolate water productive zones in the subject well according to the attached procedure.

RECEIVED
BLM MAIL ROOM
08 APR 25 PM 1:49
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
APR 29 1988
OIL CON. DIV.
DIST. 3

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

SIGNED BS Shaw TITLE Adm. Supervisor DATE 4-19-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE **APPROVED**

APR 26 1988

*See Instructions on Reverse Side

NMOCC

Meridian 25%

WELL REPAIR AUTHORIZATION AND REPORT

316

* 5000
MAX.

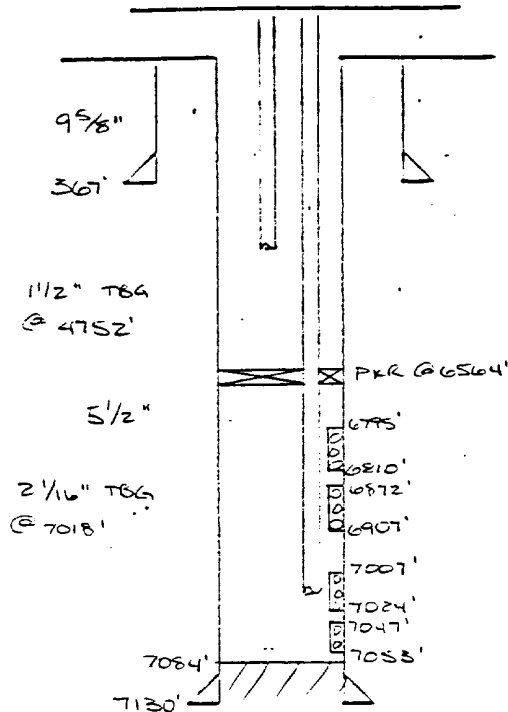
DATE: 3/14/88

LEASE AND WELL FEDERAL GC L * 1E FIELD BASIN DAKOTA
 FORMATION DAKOTA LOCATION 1090' E 11640' T2S SEC 4 T20S R11W SAN JUAN CO
 COMP. DATE 2/21/83 KB: 6932' TD: 7130' PED: 7054' LOGS DIC 3 PGR, ENL, EDC, 14R
 CSB: 9 5/8" @ 40' HC-95 @ 367' @ 5 1/2" @ 17' @ 10-90 @ 7130'
 COMP. INT. 6795' - 7053' ORIG. ST. 118,000 @ 750 132,000 @ 2040 @ 507
 CURRENT PROD. INT. SAME AMCOO WORKING INTEREST 0.75 NET INTEREST 0.6563
 REPAIR DISCRPTION ISOLATE LOWER DAKOTA AND BARR CANYON

GROSS PRODUCTION	BEFORE	ANTICIPATED	UNIT PRICE
OIL (BOPD)			\$/BBL
WATER (BWPD)	25	0	
GAS (MCFD)	6	100	\$/MCF 1.30
OTHER (/DAY)			\$/UNIT

PAVOUT = 3 MOS.

WELLBORE SKETCH



ESTIMATED COST

INTANGIBLES	
RIG COST (8 DAYS)	\$ 8000
EQUIPMENT RENTAL	
CIRCULATION MEDIA	500
CEMENT AND SERVICE	
PACKERS AND EQUIPMENT	500
PERFORATE, LOG, WIRELINE	500
STIMULATION	
LABOR	
TRUCKING	
FISHING	
OTHER INTANGIBLES	1500
TOTAL INTANGIBLES	
TANGIBLES	
CSB, T86, HEAD, ETC.	
TOTAL GROSS COST	\$-11-000
AMCOO	
WORKING INTEREST COST	\$ 8,250

STIMULATION COMPANY _____
 PERFORATING COMPANY _____

PROCEDURE

- ① DRILLING. NO WELLHEAD, NO BOPS. KILL WELL. TDH x 1 1/2" T86, 2 1/16" T86, x PKR.
- ② TDH x SHOULDER BAR. TAG FOR FILL. CLEAN OUT, IF NECESSARY.
- ③ WIRELINE SET 21BP @ 6970'. CAP WITH SAND.
- ④ PERFORATE T86 STRINGS x PKR.
- ⑤ SWAB DAKOTA TO KICK OFF.
- ⑥ RETURN WELL TO PRODUCTION.

DISTRICT MANAGER F.E. White 3/14/88 DIST. FOREMAN _____
 DISTRICT ENGINEER F.E. White 3/14/88 ENGINEER DANA DELVENTHAL