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)

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.: 14-20-604-79
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Mountain Tribe
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Ute Mt. Tribal "D"
9. WELL NO.: 3
10. FIELD AND POOL, OR WILDCAT: Ute Dome Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: se/nw, Sec. 10, T31n, R14W
12. COUNTY OR PARISH: San Juan
13. STATE: N. M.

1. OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR: Amoco Production Co.
3. ADDRESS OF OPERATOR: 501 Airport Drive, Farmington, N M 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1530' FNL x 1980' FWL
14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6371' GR

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 Co. request approval to repair the subject well according to the attached procedure.

RECEIVED
MAR 20 1985
OIL CON. DIV.
DIST. 3

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

SIGNED: Original Signed By B. D. Shaw — TITLE: Adm. Supervisor — DATE: 2-27-85

(This space for Federal or State office use)

APPROVED BY: Judith A. Lent — TITLE: Acting AREA MANAGER — DATE: MAR 18 1985

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

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.

DATE: 7-17-85

OPERATIONS TO BE PERFORMED: (CIRCLE ONE) ~~DRILLING~~ ~~COMPLETION~~ REPAIR ~~SERVICE~~

LEASE AND WELL Ute Mtn Trib. D#3 FIELD Wic Dome

FORMATION Dakota LOCATION Tbl CDC GP

LOCATION 1530' FNL x 1980' FWL x S 10 x T 31N x R 14W x NMPM, NM

COMP. DATE 12-2-71 EL: 6371 TD: 3125 PBD: 3049

CSG: 8 5/8" 24.0# K-55 @ 345' : 5½" 14.0# K-55 @ 3093'

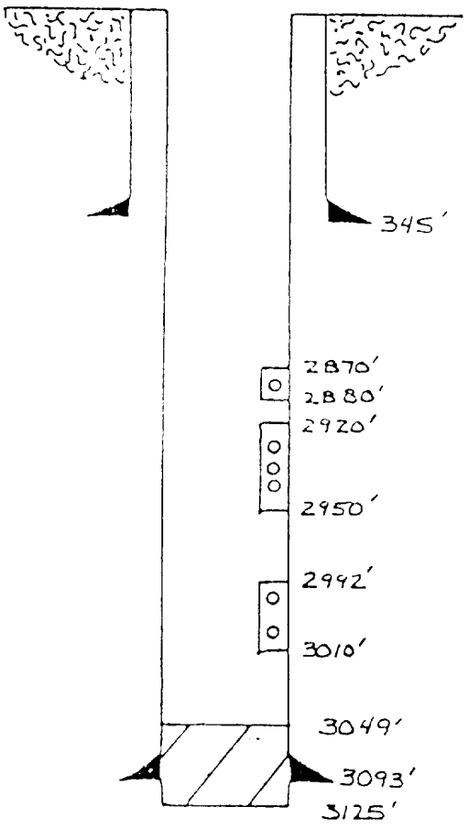
COMP. INT. See Below ORIG. STIM. Frac x 5M G x 20M#

IP 4913 MCFD x 0 H2O CURRENT PROD. INT. See Below

PURPOSE: Shut off H2O

WJH TKA ~~GOH~~ MCH DHS ~~RGH~~ ~~BVD~~ ~~GMK~~ 5/PERMITTING DESK ENGR FILE BWS

WELLBORE SKETCH



PROCEDURE

1) MIRUSU x Pull rods x PMP x C.O. to PBTD.

2) Inspect all prod. equip x replace any faulty equip. after w/o.

3) TIH w/ TBG x PKR x test for csg. leaks

4) Sqz leaks as necessary.

5) Set PKR @ ±2985' x swab test lower perfs. Call results to Brad Salzman X-262.

6) If lower perfs are to be sqz'd, set cmt. ret. @ 2990' x sqz w/ 150 sx class B cmt. w/ 1% CaCl x ¼ lb/sx cellophane flakes x WOC.

7) Run prod. equip. x return well to production

8) Run 7 day prod tst x report on daily wire.

DISTRICT MANAGER

DISTRICT ENGINEER

DISTRICT FOREMAN

ENGINEER

DATE

NM140