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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**El Paso NaturalGas Company**

Address

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<b>Name Change from San Juan 28-7 Unit #68</b>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 28-7 Unit NP</b>	Well No. <b>68</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>B</b> ; Feet From The Line and Feet From The			
Line of Section <b>31</b> , Township <b>28-N</b> , Range <b>7-W</b> , NMPM, <b>Rio Arriba</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? <b>Yes</b> When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED E. S. OBERLY

Petroleum Engineer

October 12, 1965

OIL CONSERVATION COMMISSION

APPROVED NOV 1 1965

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 3

This form is to be filed in compliance with RULE 1104.

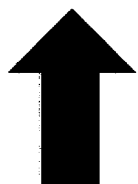
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.





**LTR**



**Job separation sheet**



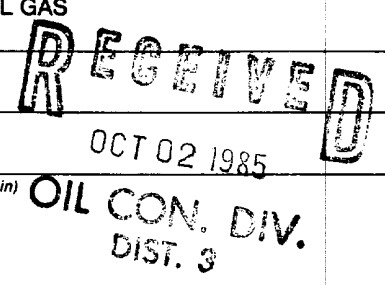
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ENERGY AND MINERALS DEPARTMENT

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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 <b>Tenneco Oil Company</b>		<div style="text-align: center;">  </div>
Address <b>P.O. Box 3249, Englewood, CO 80155</b>		
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate		

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SJ 28-7 Unit NP</b>	Well No. <b>68</b>	Pool Name, including Formation <b>Blanco-MV</b>	Kind of Lease State, Federal or Fee <b>USA SE</b>	Lease No. <b>078500-A</b>
Location				
Unit Letter <b>B</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b>				
Line of Section <b>31</b> Township <b>28N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

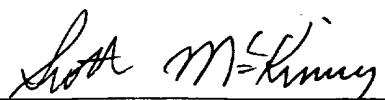
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks. Unit <b>B</b> Sec. <b>31</b> Twp. <b>28N</b> Rge. <b>7W</b>	Is gas actually connected? <b>Yes</b>

If this production is commingled with that from any other lease or pool, give commingling order number \_\_\_\_\_

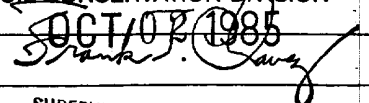
NOTE: Complete Parts IV and V on reverse side if necessary.

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.

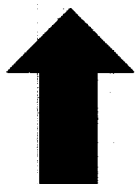
  
(Signature)

**Sr. Regulatory Analyst**  
**OCT 1 1985**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED  , 19\_\_\_\_  
BY \_\_\_\_\_  
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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.





**LTR**



**Job separation sheet**



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ENERGY AND MINERALS DEPARTMENT

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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 <b>Tenneco Oil Company -</b>	
Address <b>P.O. Box 3249, Englewood, CO 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	

RECEIVED  
OCT 02 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SJ 28-7 Unit NP</b>	Well No. <b>68</b>	Pool Name, Including Formation <b>Blanco-MV</b>	Kind of Lease State, Federal or Fee <b>USA</b> <b>SE</b>	Lease No. <b>078500-A</b>
Location				
Unit Letter <b>B</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b>				
Line of Section <b>31</b> Township <b>28N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4990, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks. <b>B</b>	Unit <b>31</b>	Sec. <b>28N</b>
	Twp. <b>7W</b>	Rge. <b>Yes</b>

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.

*Shirley M. King*  
(Signature)

Sr. Regulatory Analyst

OCT 1 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 02 1985**, 19  
BY **Supervisor**  
TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.





**LTR**



**Job separation sheet**



Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Amoco Production Company</b>		Well API No. <b>3003960071</b>
Address <b>1670 Broadway, P. O. Box 800, Denver, Colorado 80201</b>		
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Tenneco Oil E &amp; P, 6162 S. Willow, Englewood, Colorado 80155</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SAN JUAN 28-7 UNIT NP</b>	Well No. <b>68</b>	Pool Name, Including Formation <b>BLANCO (MESAVERDE)</b>	FEDERAL	Lease No. <b>SF078500A</b>
Location				
Unit Letter <b>B</b>	<b>990</b>	Feet From The <b>FNL</b>	Line and <b>1650</b>	Feet From The <b>FEL</b>
Section <b>31</b>	Township <b>28N</b>	Range <b>7W</b>	<b>NMPM,</b>	<b>RIO ARRIBA</b>
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>CONOCO</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1429, BLOOMFIELD, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1492, EL PASO, TX 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected? When?

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*J. L. Hampton*

Signature

**J. L. Hampton** Sr. Staff Admin. Suprv.

Printed Name

**January 16, 1989**

Date

**303-830-5025**

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**

By

*Barry C. Chaff*  
**SUPERVISION DISTRICT # 8**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.





**LTR**



**Job separation sheet**



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF-078500-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

San Juan 28-7 NP #68

9. API Well No.

30-039-60071

10. Field and Pool, or Exploratory Area

Blanco Mesaverde

11. County or Parish, State

Rio Arriba, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Attn: John Hampton

3. Address and Telephone No.

P.O. Box 800 Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FNL, 1650' FEL Sec. 31, T28N-R7W: Unit "B"

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Bradenhead Repair  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 intends to perform the attached workover procedure required to eliminate bradenhead pressure.

In addition, Amoco also requests approval to construct a temporary 15'X15'X 5' blow pit for return fluids. This pit will be reclaimed if utilized, upon completion of this operation.

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MAR 5 1992  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BI-MINUT ROOM  
92 FEB 19 AM 10:00  
FARMINGTON FIELD AREA  
FARMINGTON, NEW MEXICO

Please contact Cindy Burton (303) 830-5119 if you have any questions.

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

Signed

*J. Hampton*

Title Sr. Staff Admin. Supv.

APPROVED  
Date 2/27/92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

MAR 03 1992

AREA MANAGER

NMOCD



## GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special in-

structions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

## SPECIFIC INSTRUCTIONS

*Item 4*—If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

*Item 13*—Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive

zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

## NOTICE

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY:** 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160.

**PRINCIPAL PURPOSE** — The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

### ROUTINE USES:

- (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations.
- (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2).
- (3) Analyze future applications to drill or modify operations in light of data obtained and methods used.
- (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**EFFECT OF NOT PROVIDING INFORMATION** — Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that: This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

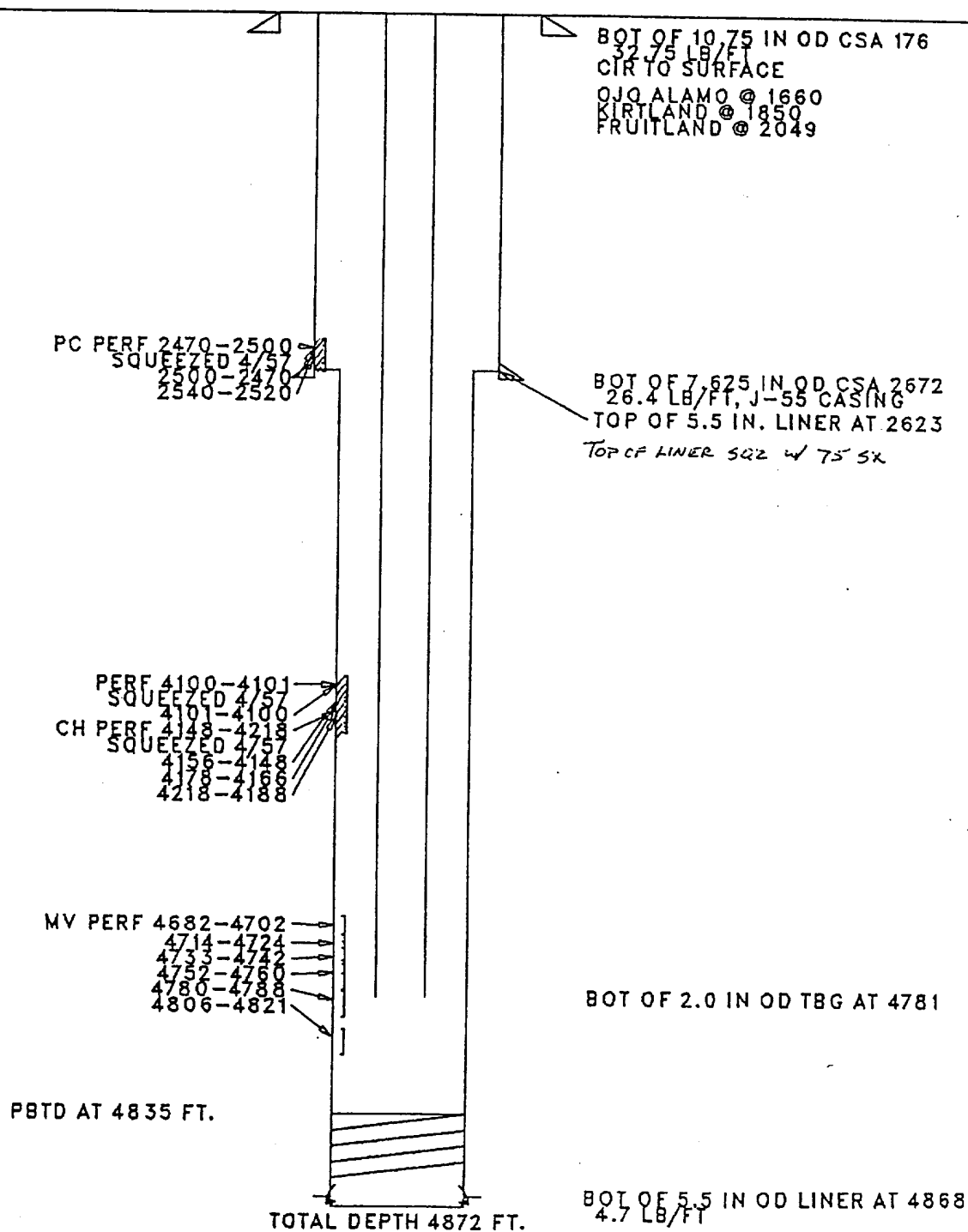
Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

## BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management, (Alternate) Bureau Clearance Officer, (WO-771), 18 and C Streets, N.W., Washington, D.C. 20240, and the Office of Management and Budget, Paperwork Reduction Project (1004-0135), Washington, D.C. 20503.



SAN JUAN 28-7 #68  
 LOCATION, 31B-T28N-R7W  
 DUAL, CH PC MV  
 ORIGINAL COMPLETION 4/57  
 LAST FILE UPDATE 10/91 BY CSW





Workover Procedure  
San Juan 28-7 #68  
Sec.31-T28N-R07W  
San Juan County, NM

1. Contact Federal or State agency prior to starting repair work.
2. Catch gas and/or water sample off of bradenhead and casing, and have analyzed.
3. Install and/or test anchors.
4. MIRUSU. Check and record tubing, casing and bradenhead pressures.
5. Blow well down, kill well if necessary with 2% KCL.
6. Nipple down well head, nipple up and pressure test BOP's.
7. Trip in the hole and tag PBTD, check for fill, trip and tally out of hole with tubing checking condition of tubing.
8. Trip in the hole with bit and scraper for the intermediate casing and trip in to the top of the liner. Trip out of the hole with bit and scraper. Trip in hole with second bit and scraper and run from the top of the liner to the top of the perforations. A seating nipple and standing valve may be run in order to pressure test the tubing.
9. Trip in the hole with RBP and PKR. Set RBP 50-100 ft. above perforations. Trip out of hole one joint and set PKR and pressure test RBP to 1500 psi. Release PKR, spot sand on RBP and pressure test csg to 1000 psi. If no leak is found, trip out of hole with PKR and skip to step 11.
10. Trip out of hole isolating leak in liner, if any. If a liner leak is found, establish injection rate and check for circulation around liner top. Also, determine if there is a leak above the top of the liner. Trip out of hole with PKR.
11. Determine from well file and history, the interval a CBL needs to be run between the RBP and the surface. If a CBL is needed, run CBL over the interval necessary under 1000 psi and report results to Denver. Different size CBL tools may be required in the liner versus the intermediate casing.
12. If there are no casing leaks, skip to step 14.

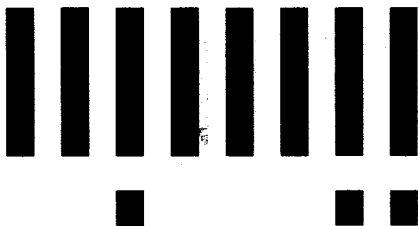


13. If there is a leak in the liner and a leak above the top of the liner, trip in hole with a RBP that fits the liner and a PKR that fits the intermediate casing. Set RBP 30-60' below the top of the liner. Release PKR and trip out of hole isolating leak in the intermediate casing.
14. Based on the location of the leak, if any, and the results of the CBL, perforate casing if necessary with 4 JSPF and circulate dye if possible to determine cement volume. Depending on the depth of the hole and circulating pressure, a PKR or a cement retainer may be needed.
15. Mix and pump sufficient cement (class B or equivalent with two hour setting time) to circulate to surface, if circulation to surface is possible. Shut bradenhead valve and attempt to obtain a squeeze pressure and WOC.
16. Trip out of hole. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leaks if casing fails pressure test.
17. If cement is not circulated to the surface, it may be necessary to run another CBL (and/or temperature survey 8-10 hours after cementing) and repeat steps 14 thru 16.
18. Trip in the hole with retrieving head for RBP, circulate sand off of RBP and trip out of hole with plug.
19. If there is a leak in the liner top, trip in hole with a PKR. If there is no leak in the liner top, skip to step 22.
20. Mix and pump sufficient cement (class B or equivalent with two hour setting time) to squeeze liner top. Attempt to obtain a squeeze pressure and WOC.
21. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leak if liner top fails pressure test.
22. If there is a second RBP in the liner, trip in the hole with a retrieving head, circulate sand off of the RBP and trip out of hole with the plug.
23. If there is a leak in the liner or squeeze work is required based on the CBL, perforate casing, if necessary with 4 JSPF. Trip in hole with a cement retainer and set above the leak or perforations.
24. Mix and pump sufficient cement (class B or equivalent with two hour setting time) and attempt to obtain a squeeze pressure and WOC.



25. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leaks if casing fails pressure test.
26. Trip in the hole with retrieving head for RBP set in the liner, circulate sand off of RBP with 2% KCL and trip out of hole with plug.
27. Trip in hole with a sawtooth collar and/or bailer and clean out to PBTD and trip out of hole.
28. Trip in the hole with the production string (1/2 mule shoe on bottom and a seating nipple one joint off bottom), land tubing to original depth. Nipple down BOP's, nipple up well head.
29. Swab well in and put well on production.
30. Rig down move off service unit.





**LTR**



**Job separation sheet**



(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention

E. R. Nicholson

3. Address and Telephone No.

P. O. Box 800, Denver, Colorado 80201 (303) 830-5014

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

See Below

5. Lease Designation and Serial No.

See Below

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

See Below

9. API Well No.

See Below

10. Field and Pool, or Exploratory Area

See Below

11. County or Parish, State

Rio Arriba, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

RECEIVED  
MAY 1 0 1993  
OIL CON. DIV  
DIST 2

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☒ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Per conversation with Ken an Wayne Townsend this date, due to the low priority of the following wells, it is requested that approval be given to cancel the bradenhead procedures at this time.

San Juan 28-7 Unit #33 (SF-079290) - Blanco Mesaverde, 800' FNL, 990' FEL, Sec. 13, T28N-R7W Unit "A", API #30 039 07438  
San Juan 28-7 Unit #136 (SF-079289) - Basin Dakota, 1650' FSL, 1650' FEL, Sec. 14, T28N-R7W Unit "J", API #30 039 07408  
San Juan 28-7 Unit #218 (SF-079289) - Basin Dakota, 1175' FSL, 1540' FWL, Sec. 12, T28N-R7W, API #30 039 20879  
San Juan 28-7 NP #68 (SF-078500-A) - Blanco Mesaverde, 990' FNL, 1650' FEL, [REDACTED], API #30 039 60071  
San Juan 28-7 Unit #21 (SF-078497-A) - Blanco Mesaverde, 1080' FSL, 1650' FWL, Sec. 9, T28N-R7W Unit "N", API #30 039 07449  
San Juan 28-7 Unit #241 (SF-078497-A) - Basin Dakota, 1690' FSL, 810' FWL, Sec. 9, T28N-R7W Unit "L", API #30 039 08100  
San Juan 28-7 Unit #242E (SF-078497) - Basin Dakota, 900' FSL, 800' FWL, Sec. 7, T28N-R7W Unit "M", API #30 039 22359  
San Juan 28-7 Unit #195E (SF-078497) - Basin Dakota, 1050' FNL, 1035' FEL, Sec. 16, T28N-R7W, API #30 039 22361  
San Juan 28-7 Unit #61 (SF-079289) - Blanco Mesaverde, 1550' FSL, 1650' FWL, Sec. 10, T28N-R7W Unit "K", API #30 039 07460

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

Signed

*E.R. Nicholson*

Title

*By Adm. Analyst*

Date

*4-29-93*

(The space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by

Conditions of approval, if any:

AMOC

MAY 05 1993

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.

BY