

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401	9. WELL NO. 207
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1585' FNL x 1980' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE, Sec. 14, T28N, R12W	12. COUNTY OR PARISH San Juan
13. STATE New Mexico	
14. PERMIT NO.	15. ELEVATIONS (Show whether on, at, or below ground level) 5766 RDB

RECEIVED

JAN 16 1984

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☒	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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 above referenced well according to the attached procedure.

RECEIVED
JAN 20 1984
O. C. A. W.
RDB

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

SIGNED _____ TITLE Dist. Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1/12/84

APPROVED

NMOCC

*See Instructions on Reverse Side

M. MILLENBACH

AREA MANAGER

OPERATIONS TO BE PERFORMED: (Circle One)

Recompletion

Repair

Service

LEASE AND WELL GALLEGOS CANYON UNIT #207FIELD Basin DakotaFORMATION DakotaLOGS INDUCTION - SONIC GRLOCATION 1585' ENL X 1980' FEL, SEC 14, T28N, R12W, SAN JUAN COUNTY, N.M.COMP. DATE 1-9-66EL: 5752' GLTD: 6329'PBD: 6312'CSG: 8 5/8" 24 # CSA @ 377' 4 1/2" 10.5 # CSA @ 6329'COMP. INT. 6147'-65', 6221'-40', 6250'-60', 6279'-89' ORIG. STIM. 106,500 ENL WTR X 110,000" SWIP 11,846 MCFD (1-19-66)CURRENT PROD. INT. 6147'-6289'PURPOSE: REPAIR CASING LEAK

SDB

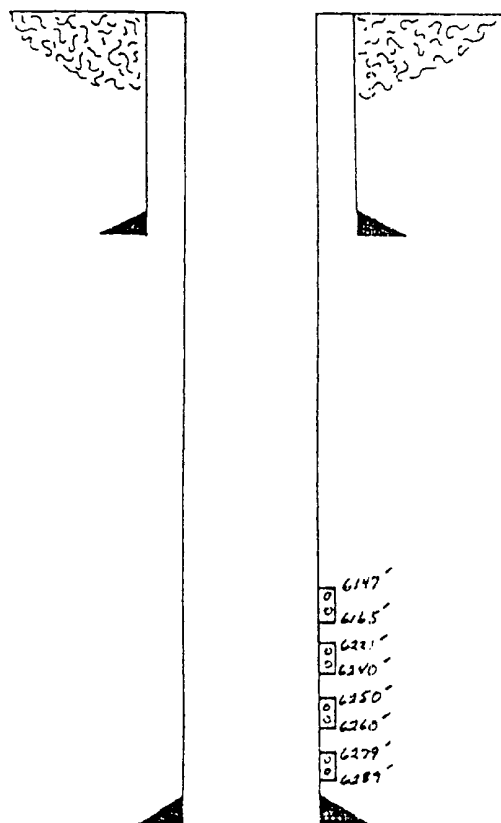
DHS

GOM

5/PERMITTING DESK (JMS, RWO, 2FF)

ENGR

FILE

WELLBORE SKETCHPROCEDURE

1) TOH WITH $2\frac{3}{8}$ " TUBING LANDED AT 6170'. TUBING WILL BE WET DUE TO TUBING PLUG STUCK IN NIPPLE AT BOTTOM OF TUBING.

2) TIH WITH RETRIEVABLE BRIDGE PLUG, $2\frac{3}{8}$ " TUBING, AND PACKER. SELECTIVELY TEST FROM 1000' TO SURFACE (LEAK IS BELIEVED TO BE IN THE OJO ALAMO FORMATION BETWEEN 400'-500'). IF NO LEAK IS FOUND NEAR SURFACE, SELECTIVELY TEST FROM 6125' TO SURFACE.

3) WHEN CASING LEAK(S) IS FOUND, SET RETRIEVABLE BRIDGE PLUG 50' BELOW LEAK AND DUMP SAND ON TOP OF BP.

4) IF SUFFICIENT RATES OF INJECTION ARE OBTAINED ALLOWING US TO SQUEEZE, FOLLOW THE SQUEEZE PROCEDURE BELOW (STEP 6). IF SUFFICIENT INJECTION RATES ARE NOT OBTAINED, ACIDIZE WITH 250 GALLONS 15% HCl ACID.

DISTRICT SUPERINTENDENT [Signature]DISTRICT ENGINEER Dale H. ShewmakerDISTRICT FOREMAN [Signature]ENGINEER MICHAEL BARNESDATE 1/10/64

RECORDED

JAN 20 1964

GALLEGOS CANYON UNIT No. 207 (CONT.)

- 5) IF SUFFICIENT RATES OF INJECTION STILL CANNOT BE OBTAINED, PERFORATE 1 FOOT OF CASING ACROSS THE CASING LEAK WITH 4 SPF.
- 6) SQUEEZE CASING LEAK AND/OR PERFORATIONS ACROSS LEAK WITH 100 SX CLASS B CEMENT CONTAINING 2% CaCl_2 , 6% GILSONITE, $\frac{1}{4}$ #5X CELLOPHANE FLAKES, AND FLUID LOSS ADDITIVE (TO ALLOW 50-120 CC OF FLUID LOSS PER 30 MINUTES).
- 7) ALLOW CEMENT TO DRY FOR 36 HOURS SO MAXIMUM COMPRESSIVE STRENGTH IS OBTAINED BEFORE DRILLING OUT.
- 8) DRILL OUT CEMENT PLUG.
- 9) PRESSURE TEST SQUEEZE TO 800 PSI. RECOVER BRIDGE PLUG.
- 10) TIEH WITH 2 $\frac{3}{8}$ " TUBING AND LAND AT 6280' (YOU WILL NEED 3 OR 4 ADDITIONAL JOINTS OF TUBING). SWAB WELL DRY TO KICK OFF.

RECEIVED

JAN 20 1984

OIL CON. DIV.
DIST. 3