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)

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 ☐ GAS WELL ☒ OTHER

5. LEASE DESIGNATION AND SERIAL NO.: SF-078807-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: Gallegos Canyon Unit

2. NAME OF OPERATOR: Amoco Production Co.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: 501 Airport Drive, Farmington, N M 87401

9. WELL NO.: 235

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2240' FNL x 995 FEL

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FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SE/NE Sec 13, T28N, R13

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5632' RDB

12. COUNTY OR PARISH: San Juan

13. STATE: NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
SHOOT OR ACIDIZE	☐	FRACTURE TREATMENT	☐
REPAIR WELL	☒	SHOOTING OR ACIDIZING	☐
(Other)		ABANDONMENT*	☐
ABANDON*	☐	(Other)	
CHANGE PLANS	☐	(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. requests permission to repair the above referenced well according to the attached procedure.

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OIL CON. DIV.
DIST. 3

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

SIGNED D. D. Lawson TITLE Adm. Supervisor DATE 7-16-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 22 1985
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

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

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

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

I.

Operator: Amoco Production Co. | Well API No.:

Address: 2325 E. 30th Street, Farmington NM 87401

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [X]

Other (Please explain): Effective 4-1-89

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Gallegos Canyon Unit	235	Basin Dakota		92000844

Location
Unit Letter H : 2240 Feet From The N Line and 995 Feet From The E Line
Section 13 Township 28 N Range 13 W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Meridian Oil Inc.
Address (Give address to which approved copy of this form is to be sent): P.O. Box 4289, Farmington NM 87499

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent): Caller Service 4990, Farmington NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	13	28 N	13 W		

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 Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, 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

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DIST. 3

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.

B.D. Shaw

Signature
B.D. Shaw — Adm. Supv.
Printed Name — Title
APR 17 1989 — (505) 325-8841
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: APR 17 1989

By: _____

Title: SUPERVISION DISTRICT # 3

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

FARMINGTON DISTRICT WORKOVER

DATE: 7/8/85

OPERATIONS TO BE PERFORMED: (CIRCLE ONE) RECOMPLETION (REPAIR) SERVICE

LEASE AND WELL GCU # 235 FIELD Basin Dakota

FORMATION Dakota LOGS Induction Log

LOCATION NE/4, Sec 13, T28N, R13W San Juan County, NM

COMP. DATE 5/66 EL: 5632' KB TD: 6145' PBD: 6110'

CSG: 4-1/2" 10.5 # J-55 @ 6145' : 8-5/8" 24.0 # J-55 @ 350'

COMP. INT. 6092-5968' ORIG. STIM. 70,000 gals x 70,000 #

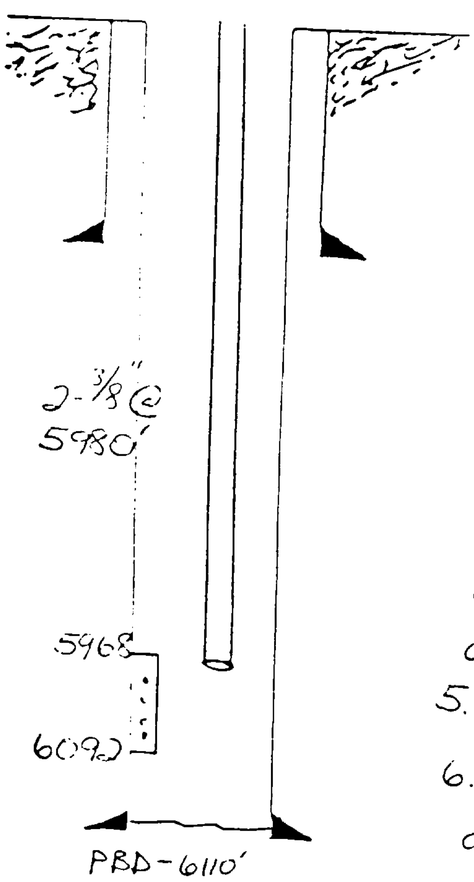
IP 9314 MCFD CURRENT PROD. INT. Same

PURPOSE: Repair Casing Leak

DB ~~TKH~~ (SJW) ~~DHS~~ 8/PERMITTING DESK ~~MCH~~ GOm ~~RGH~~ TWE ~~BVD~~ ~~GMK~~ ENGR JT

Note: Work well hot. Formation is sensitive to water.

WELLBORE SKETCH



PROCEDURE

1. MIRUSU.
2. PU tbg and tag fill. TOH with tbg.
3. TIH with BP, packer, and tbg. Set BP at 5900'. Load hole with 2% KCl water.
4. Set packer at 5850'. Pressure test BP and tubing to 1000 psi. Pressure test backside to 1000 psi. If casing will not hold pressure, locate hole with packer. Hole will probably be at 2970-4140'. Squeeze hole with 50 sx Class B. Drill out cement and pressure test to 1000 psi.
5. Unload hole with N_2. Retrieve BP at 5900'.
6. TIH with sawtooth collar, seating nipple and 2-3/8" tbg. If less than 10' of rat hole, clean out to PBD of 6110' with N_2. If not land tbg at 6095'.

DISTRICT MANAGER [signature]

DISTRICT ENGINEER [signature] 07.2.85

DISTRICT FOREMAN

ENGINEER Morris Bell ext 244 (598-9751)

DATE

ENGSPE

ENG-40