

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

5. Lease Designation and Serial No.

SF-080844

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

T. L. Rhodes "C" 1E

9. API Well No.

3004526131

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan New Mexico

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention:

Lois Raeburn

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

(303) 830-5294

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

1850 FNL 790 FWL Sec. 30 T 28N R 11W

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

TYPE OF SUBMISSION

TYPE OF ACTION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Casing 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 Production Company request permission to repair casing leak and return well to a productive status..

If You have questions please contact Lois Raeburn (303) 830-5294

RECEIVED
MAY 31 1994
OIL CON. DIV.
DIST. 3

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

Signed

Lois Raeburn

Title

Business Asst.

Date

05-09-1994

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

* See Instructions on Reverse Side

WELL REPAIR AUTHORIZATION AND REPORT

LEASE/UNIT NAME AND WELL NUMBER T.L. Rhodes C 1E		HORIZON NAME Dakota		CORRECTION 6 DELETION 9	
FIELD Basin Dakota		COUNTY San Juan		STATE NM	
OPERATOR Amoco		OPERATIONS CENTER/DIVISION SJOC		ELEVATION GL 5911	
LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		T.D. 6503		P.E.T.D. 6454	
Amoco WORKING INTEREST 15.0.0		OTHER WORKING INTERESTS		LOCATION Sec 30 - T28 N - R11 W	
Amoco NET INTEREST 43.7		TOTAL REPAIR HORIZONS 1		STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>	
TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)		ESTIMATED COST		PRODUCTION INCREASE EXPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
C. CONVERT TO INJECTION <input type="checkbox"/> CONVERT TO PROD. <input type="checkbox"/> DEEPEN <input type="checkbox"/>		INTANGIBLES		RIG COST \$ 8,000	
D. WATER FRAC <input type="checkbox"/> OIL FRAC <input type="checkbox"/> ACID FRAC <input type="checkbox"/>		EQUIPMENT RENTAL		CIRCULATING MEDIA	
E. ACIDIZE <input type="checkbox"/> REPAIR CASING <input checked="" type="checkbox"/> WHIPSTOCK <input type="checkbox"/>		CEMENT AND SERVICE		7,000	
F. PLUG BACK <input type="checkbox"/> PERFORATE <input type="checkbox"/> CEMENT SQUEEZE <input type="checkbox"/>		PACKERS AND EQUIPMENT		4,000	
G. WASHING SAND <input type="checkbox"/> SAND CONTROL <input type="checkbox"/> OTHER <input type="checkbox"/>		PERFORATE, LOG, WIRELINE		STIMULATION	
H. SET LINER OR SCREEN <input type="checkbox"/> PULL LINER OR SCREEN <input type="checkbox"/>		LABOR		SPECIAL EQUIPMENT	
I. TREATING VOLUME - GAL <input type="text"/>		DIVISION REPAIR CODE <input type="text"/>		FISHING	
J. GROSS PRODUCTION		UNIT PRICE		OTHER INTANGIBLES 1,000	
K. OIL BOPD		\$/BBL		TOTAL INTANGIBLES \$	
L. WATER BWPD		\$/MCF		TANGIBLES	
M. GAS MCFD		\$/UNIT		CSG., TBG., HEAD, ETC. \$ 0	
N. OTHER /DAY		EXPECTED PAYOUT 12 MONTHS		TOTAL GROSS COST \$ 20,000	
P. GROSS INJECTION		WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/>		Amoco WORKING INTEREST COST \$ 10,000	
R. RATE BPD OR MCFD		BEFORE ANTICIPATED			
S. PRESSURE PSIG					

REASON FOR WORK

Repair casing leak and return well to a productive status.

Notice To Nonoperator: Costs shown on this form are estimates only. Nonoperators should not consider these estimates as establishing any limit on monies which will be required to perform the proposed operation.

Nonoperator _____

By _____ Date _____

T. REPAIR RESULT

SUCCESS ☐FAILURE ☐

MO. ____ DAY ____ YR ____

DATE REPAIR COMPLETED

GROSS PRODUCTION DURING PAYOUT

U. OIL BOPD

GAS MCFD

W. WATER BWPD

OTHER /DAY

GROSS INJECTION

Y. RATE BPD OR MCFD

PRESSURE PSIG

Z. ESTIMATED FINAL GROSS COST

RECOMMENDED

DATE

Steve Smethie

4/29/94

AUTHORIZED

MO. ____ DAY ____ YR ____

Steve Smethie

04 29 94

T L Rhodes C 1 E

- 1) Locate Cascing leak w/ RBP & pkr.
- 2) Sqz leak w/ CMT to stop leak.