Form 3160-5 (Junia 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

CHINDRY	NOTICES	AND	REPORTS	ON WELL	C
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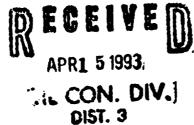
14-20-604-79 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Ilottee or Tribe Name Use "APPLICATION FOR PERMIT - " for such proposals 7. If Unit or CA, Agreement Designation 1. Type of Well Oil Well ⊠ Gas Well Other B. Well Name and No. 2. Name of Operator Attention: Ute Mountain Tribal D Amoco Production Company Lori Arnold 9, API Well No. 3. Address and Telephone No. 3004510918 (303) 830-5651 P.O. Box 800, Denver, Colorado 80201 10. Field and Pool, or Exploratory Area Ute Dome 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 1650 FNL 1650 **FWL** Sec. 10 T 31N R 14W San Juan **New Mexico** CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Abandonment Change of Plans Notice of Intent Recompletion **New Construction** Plugging Back Non-Routine Fracturing Subsequent Report Casing Repair Water Shut-Off Altering Casing Cmt squeeze & stimulate Final Abandonment Notice 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.)*

See attached procedures.

representations as to any matter within its jurisdiction.

If you have any questions please contact Lori Arnold at (303) 830-5651.



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4.1 hereby certify that the foregoin		Title	Business Analyst	Date	04-06-1993
his space for Federal or State office	SI Sally Wisely	Title	AREA MANAGER	– Date	APR1 4 1993
Conditions of approval, if any:					
itle 18 U.S.C. Section 1001, maker	s it a crime for any person knowingly and	willfully to make to any department	or agency of the United States any false, ficticiou	m. or fraudu	lent statements or

UTE DOME PARADOX - UTE MOUNTAIN TRIBAL/ D / #1 REMOVE PACKER, CEMENT SQUEEZE BARKER CREEK ZONE, AND STIMULATE ISMAY& DESERT CREEK ZONES

PURPOSE: The purpose of this workover is to remove the packer that is not suited for H2S service, cement squeeze the Barker Creek zone to shut off high CO2 and potentially high water, and stimulate the Ismay and Desert Creek zones.

PROCEDURE: ***** NOTE: THIS IS A SOUR GAS WELL *****

- 1. Check location for anchors, install if necessary. Test anchors.
- 2. MIRUSU. Blow well down. Install H2S equipment.
- 3. Kill well with 2% KCl water. BHP is approximately 1000 psi. Keep pumping 2% KCl into the well to keep from taking a gas kick.
- 4. Circulate packer fluid out of hole into frac tank. TOOH with 2-3/8" tbg., Baker Model R packer and bottomhole equipment. Inspect tubing. Replace if necessary.
- 5. TIH with tbg. and bit & scrapper for 5.5" 14# csg to clean out to PBTD of 8876' or to top of fill. Clean out if encountered. If sludge or scale is encountered catch a sample and have it analyzed. TOOH.
- 6. TIH w/ cement retainer and set at 8600'. Sting into retainer to pressure test tbg to 1000 psi.
- 7. Squeeze below retainer as follows:

20 bbl Flochek 21 5 bbl water 250 sk std cement

- 8. TOH w/ tbg.
- 9. Pickle the tbg and casing as follows:

TIH w/ 2 7/8" work string and RBP. Set RBP at \pm 8200'. Circulate the hole with 1000 gallons 15% HCl and 2% KCl water until fliud cleans up.

- 10. Pressure test casing to 1000 psi. TOH with tbg and RBP.
- 11. TIH w/ PPI tool (10' spacing), RFC valve, and tbg. Breakdown perforations with 2 bbl 28% SWIC acid/packer setting. (22 bbl)
- 12. Recover the RFC and standing valve. Set packer ± 8200'.
- 13. Call Denver. Denver will advise which schedule to use (Aor B). Acidize the formation down the tbg as per advised schedule. Shut-in for 30 min. Flow the well back through a 1/4" choke.
- 14. TOH with packer and tbg. TIH w/ 2 3/8" tbg(hydrotest going in) and set at \pm 8300'.
- 15 Swab well around and test.

Schedule A:

Acidize down tubing with CO2 foam at 6 bpm total rate and WHTP= \pm 5800 psi. Max pressure in tbg = \pm 5800 psi.

Stage	Fluid Volume (gallons)	Fluid Rate (bpm)	Gas Rate (bpm)	Fluid Type
PAD	2000	1.2	5.0	Treated Water
ACID	2000	3.0	3.1	28 % SWIC
DIVERTER	1000	1.2	5.0	Treated Water
ACID	2000	3.0	3.1	28 % SWIC
DIVERTER	1000	1.2	5.0	Treated Water
ACID	2700	3.0	3.1	28 % SWIC
OVERFLUSH	2000	3.0	3.1	Treated Water
FLUSH	1000	3.0	3.1	Treated Water

Fluid Composition per 1000 gallons 28% SWIC:

SWIC Additive #2	10	gallons	(sour well cracking inhibitor)
SGA-1	20	gallons	(foamer)
Losurf-300	2	gallons	(surfactant)
HAI-85M	4	gallons	(corrosion inhibitor)

Fluid Composition per 1000 gallons Treated Water:

Clay Fix II	2	gallons	(clay control)
Losurf-300	2	gallons	(surfactant)
AQF-2	5	gallons	(foamer)
LGC-IV	15	gallons	(gelling agent)

Schedule B:

Acidize down tubing with N2 foam at 6 bpm total rate and WHTP= \pm 5800 psi. Max pressure in tbg = \pm 5800 psi.

Stage	Fluid Volume (gallons)	Fluid Rate (bpm)	Gas Rate (scfin)	Fluid Type
PAD	2000	1.2	9360	Treated Water
ACID	2000	3.0	5900	28 % SWIC
DIVERTER	1000	1.2	9360	Treated Water
ACID	2000	3.0	5900	28 % SWIC
DIVERTER	1000	1.2	9360	Treated Water
ACID	2700	3.0	5900	28 % SWIC
OVERFLUSH	2000	3.0	5900	Treated Water
FLUSH	1000	3.0	5900	Treated Water

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Snee: No

Amoco Production Company 14-20-604-79 Ute Mtn Tribal D No. 1 Well SE NW Sec. 10, T. 31 N., R. 14 W. San Juan County, NM

Conditions of Approval

- 1. Notify this office at least 12 hours prior to commencing operations.
- 2. All hydrogen sulfide safety/monitoring equipment will be in compliance with Onshore Order No. 6, Part III.C.