

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-1135
Expires September 30 1990

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

3. Address and Telephone No
P.O. BOX 800, DENVER, COLORADO 80201. ATTN: JOHN HAMPTON RM 1846

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1500 FSL and 850 FEL Sec. 25 T32N R11W

5. Lease Designation and Serial No
NM010989

6. If Indian, Allottee or Tribe Name

7. If Lnt or CA, Agreement Designation

8. Well Name and No.
Fields LS 2A

9. API Well No.
30 045 22399

10. Field and Pool, or Exploratory Area
Blanco Mesaverde

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	Abandon cathodic protection well

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.)

The cathodic protection well associated with the above well will be plugged and abandoned per the attached procedure.

RECEIVED
JUL 18 1990
OIL CON. DIV
DIST. 2

APPROVED

JUL 18 1990
AREA MANAGER

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/CUB Title Sr. Staff Admin. Supr. Date 6/19/90

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

GROUND BED ABANDONMENT

WELL NAME: Fields LS #2-A

LOCATION: NE/SE 25-32N-11W

- 1) Weld 6" dia. spool with diverter line to pit
- 2) MIRU
- 3) Wash in hole with 1 1/4" work string. Circulate out coke breeze. Pull anodes as they come free. Wash hole to 490 ft.
- 4) Pump 155 sx of neat cement w/ 1/4 lb. sk. Flocele. Pull out work string.
- 5) Top off hole with cement, set flexible pipeline marker as PxA marker.
- 6) RDMO

Ground Bed Specifications

TD 490 ft.

Hole Dia. 6³/₄ inches.

Casing Dia. _____ inches }
Casing Length _____ ft. } UNKNOWN

JAB.GRA

WELL CASING
CATHODIC PROTECTION CONSTRUCTION REPORT
DAILY LOG

Drilling Log (Attach Hereto). ☐

Completion Date 5-9-78

Well Name <u>Fields # 2-A</u>		Location <u>SE 25-32-11</u>		CPS No. <u>1216 W</u>	
Type & Size Bit Used <u>6 3/4</u>		Work Order No. <u>57143-21</u>			
Anode Hole Depth <u>490-470</u>	Total Drilling Rig Time	Total Lbs. Coke Used	Lost Circulation Mat'l Used	No. Sacks Mud Used	
Anode Depth					
# 1 <u>450</u>	# 2 <u>440</u>	# 3 <u>430</u>	# 4 <u>420</u>	# 5 <u>410</u>	# 6 <u>400</u>
# 7 <u>390</u>	# 8 <u>380</u>	# 9 <u>370</u>	# 10 <u>360</u>		
Anode Output (Amps)					
# 1 <u>2.7</u>	# 2 <u>3.1</u>	# 3 <u>4.6</u>	# 4 <u>4.8</u>	# 5 <u>4.4</u>	# 6 <u>2.8</u>
# 7 <u>2.2</u>	# 8 <u>2.0</u>	# 9 <u>2.0</u>	# 10 <u>2.2</u>		
Anode Depth					
# 11	# 12	# 13	# 14	# 15	# 16
# 17	# 18	# 19	# 20		
Anode Output (Amps)					
# 11	# 12	# 13	# 14	# 15	# 16
# 17	# 18	# 19	# 20		
Total Circuit Resistance	No. 8 C.P. Cable Used		No. 2 C.P. Cable Used		
Volts <u>12.0</u>	Amps <u>11.6</u>	Ohms <u>1.03</u>			

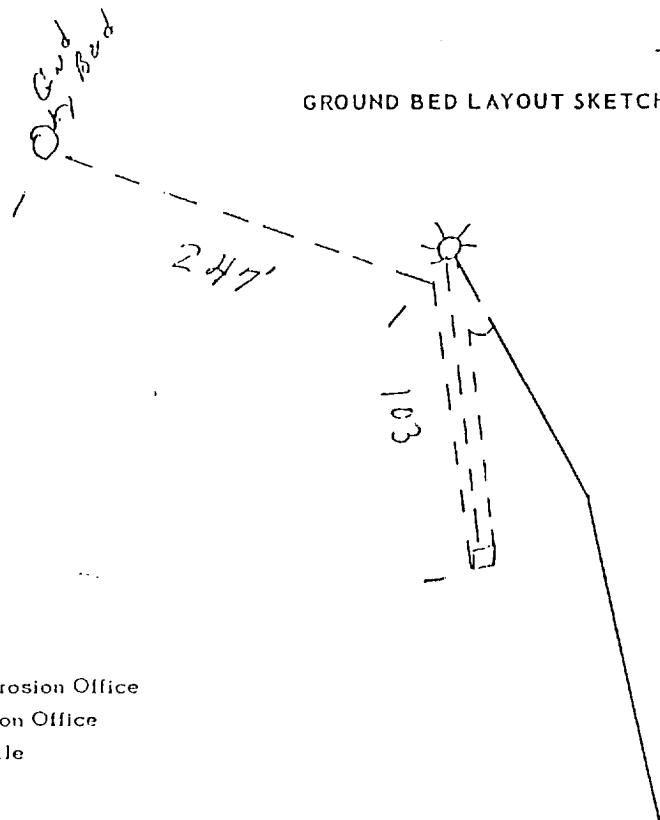
Remarks: Static 600'S = 0.85. Drilled to 110'. Next AM Driller said no water
Drilled to 310' waited 20 min. blew dry. waited 30 minutes more blew wet &
some water. started Inj. @ 360'
perforated 200' of 1" PVC Vent Pipe & installed 480' of 1" PVC Vent Pipe

40V 16A Rectifier, Ditch & 1 wire = 350'
Stub Pole EXTRA Cable = 206'
- 30' Hole Depth

All Construction Completed

W. I. Lott
(Signature)

GROUND BED LAYOUT SKETCH



DISTRIBUTION:

WHITE - Division Corrosion Office
 YELLOW - Area Corrosion Office
 PINK - Originator File

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 AMOCO PRODUCTION COMPANY		Well API No. 300452239900
Address P.O. BOX 800, DENVER, COLORADO 80201		
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 checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FIELDS LS	Well No. 2A	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 1500 Feet From The FSL Line and 1850 Feet From The FEL Line Section 25 Township 32N Range 11W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? 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 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 well on the first 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	Well Size
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF
RECEIVED AUG 23 1990 OIL CON. DIV. 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.

Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
Title
July 5, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1990

By
Title SUPERVISOR 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 changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.