

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
AUG 13 1998

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.

070 FARMINGTON, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
**CONOCO INC.**

3. Address and Telephone No.  
**10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424**

4. Location of Well (Footage Sec., T. R. M. or Survey Description)  
**Section 23, T-26-N, R-6-W, C  
990' FNL & 1650' FWL**

5. Lease Designation and Serial No

**SF 079296**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No

**Buttram #3**

9. API Well No

**30-039-06426**

10. Field and Pool, or Exploratory Area

**Basin Fruitland Coal**

11. County or Parish, State

**Rio Arriba, NM**

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

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
☐ Subsequent Repon  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracuring  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Reponresult of multiple completion on Wd: 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.)\*

It is proposed to recomplete this well to the Fruitland Coal using the attached procedure.

**RECEIVED**  
AUG 25 1998

**OIL CON. DIV.**  
DIST. 3

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

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

Signed Kay Maddox

Kay Maddox

Title

Regulatory Agent

Date

8/11/98

(This space for Federal or State office use)

Approved by /s/ Duane W. Spencer

Title

Date

AUG 21 1998

Conditions of approval if any:

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

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 Instruction on Reverse Side

**NMOCD**

### **Recommended Procedure and Notes**

#### Notes:

1. All depths in this procedure are referenced from KB unless noted otherwise.
2. Please give service companies 24 hours advance notice prior to performing work on the well.
3. Wellhead is assumed to be a 2000 psig wellhead. Check configuration prior to beginning work.

#### Safety Precautions:

1. Smoking will not be allowed within 100' of the wellhead.
2. All on-site personnel are to wear safety glasses with side-shields, steel-toed boots, and plastic hardhats at all times.
3. Eye protection and hand protection should be worn when handling acid/chemicals. Eye protection should be worn when there is the potential for acid/chemicals to blow or splash into the eyes.
4. MSDS's for all chemicals used in this procedure must be available on location for inspection and use. An inventory of all chemicals used should be submitted to SHEAR in the Midland office at the completion of the job.
5. The service company should bring communication devices for each individual operating pumps/valves and for the field engineer.
6. Fresh water will be on location in case of accidental discharge or an emergency (water to be provided by the treating company).
7. Eye wash bottles should be available and ready for use. All on-site personnel should be aware of the location of these bottles.
8. Only personnel needed for the job will be allowed on location.
9. Acidizing company should furnish fresh water rinse station for use in case of emergency.
10. All lines that will be transporting energized fluids will be securely staked or chained. (See Conoco/BJ Services Treating Lines Safety Standards.)
11. Hold tailgate safety meetings daily prior to any work being performed. Determine safe location where all personnel will meet in the event of an emergency.

#### Procedure:

1. Prepare location for work. Test deadmen anchors.
2. MIRU workover rig. Kill well w/1% KCl water (use minimal amount of water but ensure well is

dead.

3. ND wellhead and NU BOP.
4. POOH w/1.315" 1.7# tubing and lay down on slip (tubing should be non-upset).
5. RIH w/bit and casing scraper suitable for 7" 20# casing to  $\pm 3155'$ . POOH w/bit and scraper.
6. MIRU wireline company. RIH w/CIBP suitable for 7" 20# casing and set at  $\pm 3150'$ .
7. Load hole w/1% KCl water.
8. RIH w/CBL log and log from  $\pm 3150$  to TOC (include 3 jts of free pipe at top of log).
9. RIH with GR/GSL logging tools (use coal flags on log output) and log from  $\pm 3150'$  to  $\pm 2150'$ .
10. RIH w/4" HSC perforating guns loaded w/22 gram charges, 4 spf, and 90° phasing. Perforate the Fruitland Coal zone from 2800' to 3150' OA. POOH w/guns.  
  
**Note:** Actual perforated interval will not be picked until after reviewing the GR/GSL log.
11. RIH w/3½" frac string and treating packer suitable for 7" 20# casing to  $\pm 2750'$ .
12. Fracture stimulate the Fruitland Coal as per B J Services recommendations.
13. Release treating packer and POOH w/frac string. PU 27/8" 6.5# tubing and 6¼" bit. Drill up CIBP @  $\pm 3150'$  and Clean out hole to PBTD ( $\pm 3242'$ ). POOH w/tubing and bit.
14. RIH w/tubing and land tubing in cased hole section just above the PC zone ( $\pm 3150'$ ).
15. Swab or jet well to clean up as necessary. Put well on production and monitor flowrates and pressures. Flow well long enough to ensure well is cleaned up and not making sand.
16. Report results to Midland office.

#### Hazardous Chemical Inventory:

Hazardous chemical reporting is required under SARA Title III. A Blank form "WORKOVER/COMPLETION INVENTORY (HAZARDOUS CHEMICAL INVENTORY)" is attached to this procedure. The form should be filled out by the service company representative delivering chemicals to the location. Also, MSDS's and amount of chemical is to be provided. The Conoco representative on location is to forward the completed form and MSDS's to the Coordinator-Environmental Affairs in the Midland Division Office.

Prepared by: D. B. Jackson  
Staff Engineer  
June 17, 1998

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
PO Drawer DD, Artesia, NM 88211-0719

District III  
1000 Rio Brazos Rd. Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 21, 1994  
instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

53 AUG 13 PM 1:06

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-039-06426	2 Pool Code 71629	3 Pool Name Basin Fruitland Coal
4 Property Code 003145	5 Property Name Buttram	6 Well Number #3
7 OGRID No 005073	8 Operator Name Conoco Inc., 10 Desta Drive, Ste. 100W, Midland, TX 79705-4500	9 Elevation DF 6809'

10 Surface Location

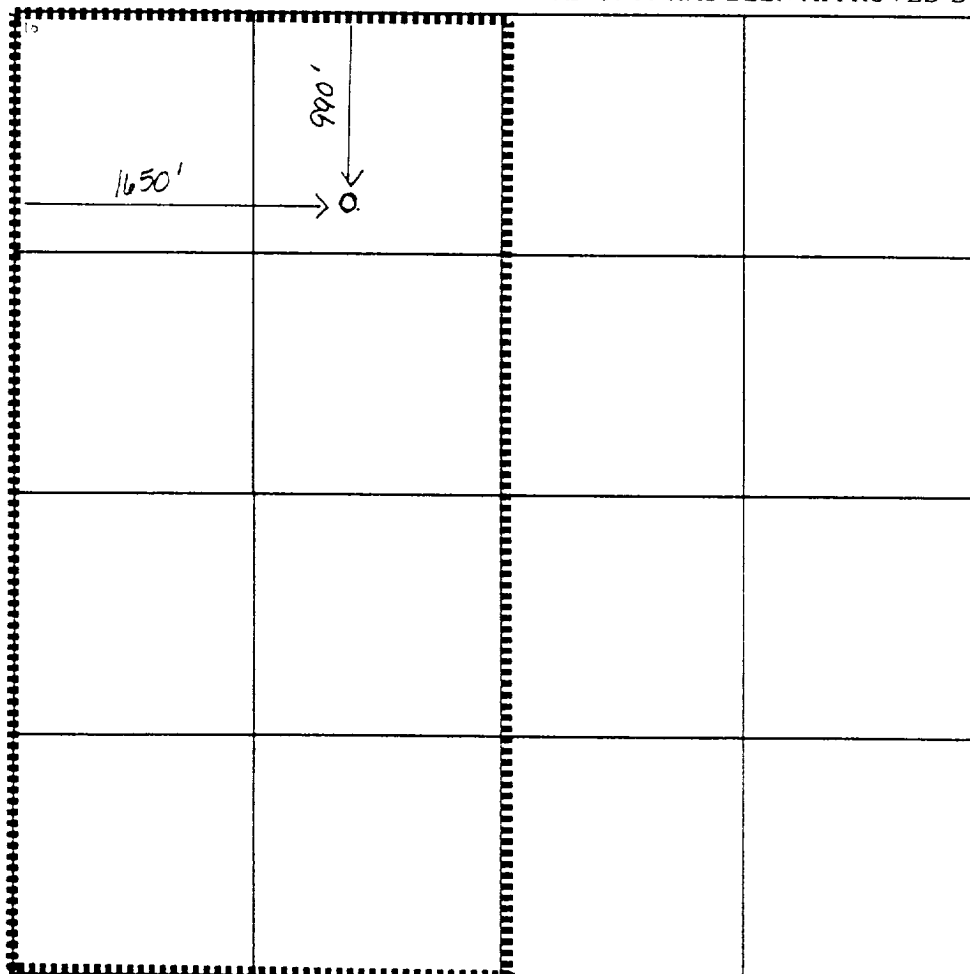
UL or lot no. C	Section 23	Township 26N	Range 6W	Lot Idn	Feet from the 990'	North/South line North	Feet from the 1650'	East/West line West	County Rio Arriba
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11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Kay Maddox*  
Signature

Kay Maddox  
Printed Name

Regulatory Agent  
Title

July 29, 1998  
Date

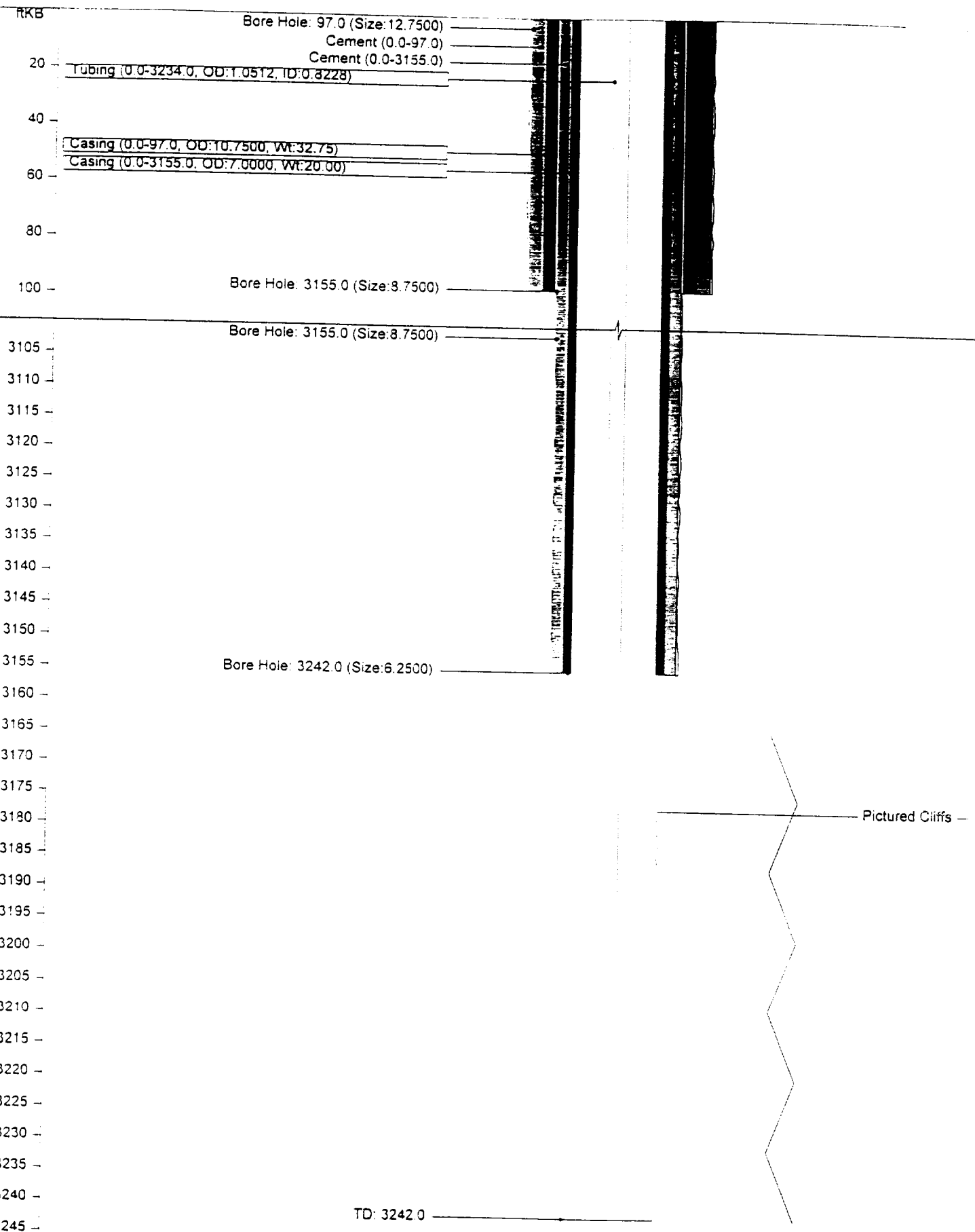
18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

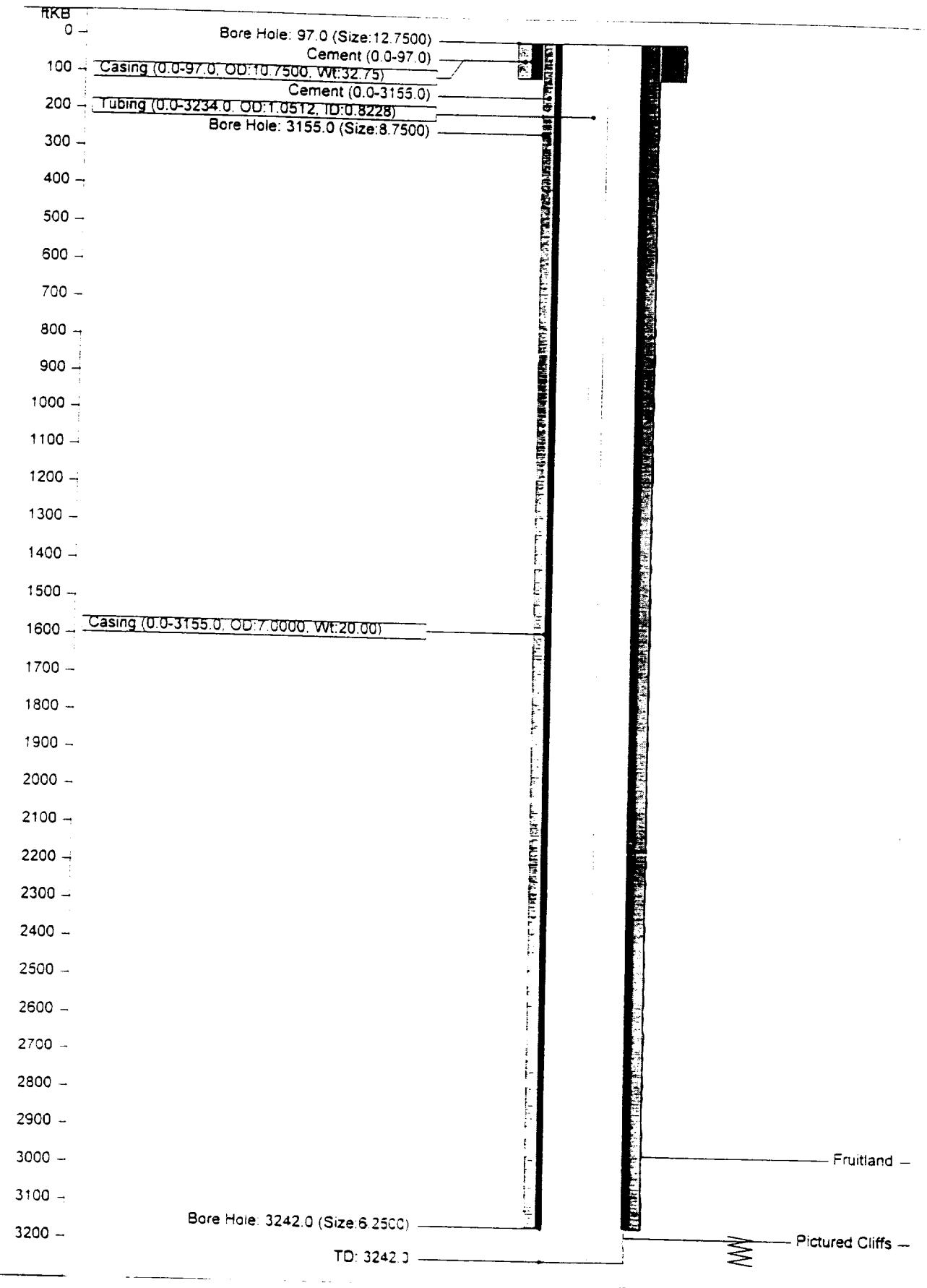
Date of Survey  
Signature and Seal of Professional Surveyor:

Certificate Number

BUTTRAM 3 (2/21/97 ndc)



BUTTRAM 3 (2/21/97 ndc)



## CONDITIONS OF APPROVAL

Conoco Inc  
No. 3 Buttram  
NENW Sec 23-26N-06W  
Lease No. SF-079296

- 1) Notify the Farmington Field Office Inspection and Enforcement Division @ (505) 599-8907 within 24 hours prior to commencing recompletion operations.
- 2) File one original and four copies of Subsequent Report of Operations (form 3160-5) and Well Completion Report (form 3160-4) within 30 days of completion operations which provides a detailed description of all operations conducted.
- 3) Once completed for production in the Fruitland Formation, a commitization agreement will be required for the W½ of section 23.
- 4) Prior to commencing recompletion operations, BOPE must be installed and tested in accordance with the requirements outlined in Onshore Order #2. A minimum of a 2M system will be required for this recompletion attempt.