

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

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)
**B Section 19, T-28-N, R-7-W
950' FNL & 1766' FEL**

5. Lease Designation and Serial No.

SF 078497

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

San Juan 28-7 # 146

9. API Well No.

30-039-20097

10. Basin, Field, or Lease

**Basin Fruitland Coal, Blanco
Pictured Cliffs South**

11. County or Parish, State

Rio Arriba

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 Fracrunng
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Repon results of multiple completion on Wdl
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.)*

This well will be recompleted to the Fruitland Coal using the attached procedure.

RECEIVED
FEB - 3 1998
OIL CON. DIV.
DIST. 3

*** The Fruitland Coal And the Pictured Cliffs will be downhole commingled in this well upon approval.

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

Signed

Kay Maddox

Title

Kay Maddox

Regulatory Agent

Date

Jan 24, 1998

(This space for Federal or State office use)

Approved by

/s/ Duane W. Spencer

Title

Date

JAN 24 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

**San Juan 28-7 Unit #146
Fruitland Coal Recompletion Procedure**

1. Hold safety meeting. MIRU workover unit. If necessary, kill well with a minimum of 1 % KCl. NU BOP and POOH w/ tubing.
2. RU wireline unit and RIH w/ 2 7/8" Composite bridge plug. Set plug at 3455' and test casing to 4000 psi.
3. MU 1 11/16" HSC or Strip perforating guns w/ 4 spf & 11gm charges w/ GR . Correlate to attached log section and perforate from bottom-up the following depths:

Note: Will require several perforating runs. Review w/ perforating company to accomplish task in the fewest # of runs.

<u>Zone</u>	<u># ft</u>	<u># shots</u>
3215' - 3217'	2	8
3295' - 3297'	2	8
3340' - 3356'	16	64
3369' - 3373'	4	16
3432' - 3436'	4	16
3442' - 3452'	10	40
Totals	38	152

4. Frac per attached schedule. Clean location & release frac equipment.
5. RU compressors and drill out bridge plug w/ gas. Clean out well to PBTD (3599'). RIH w/ tubing to 3455'. Jet well until it will flow on its own. Drywatch as necessary.
6. ND BOP and NU wellhead.
7. Record and notify necessary personnel for regulatory and gas allocation purposes.
8. RDMO workover unit.
9. Thank You.

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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

January 7, 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