

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Amcco Production Company
3. ADDRESS OF OPERATOR
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FSL x 1850' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF
RECEIVED
FEB 28 1983
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
SF-078101
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Shipp Gas Com
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/SE, Section 1, T27N, R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
30-045-06780
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5768' GL

17. 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 plans to check for casing leak in the above well per attached procedure. Work will commence upon approval.

Verbal approval given 3-3-83

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Original Signed By _____ TITLE Admin. Supvr. DATE 2-28-83
APPROVED
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL ANY _____
JAN 30 1983
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC

Service

FIELD Basin Dakota Ave

LOGS Induction Conc

LOCATION 790' ECL x 1850' ECL, Sec 1, T27N, R13W, San Juan County, New Mexico

COMP. DATE 10-5-59 EL: 5768' TD: 6040 PBD: ?

CSG: $8\frac{5}{8}$ " 24 # CSA @ 263' : $5\frac{1}{2}$ " 17 # CSA @ 6040'

COMP. INT. 6003-17'; 5852-68'; 5900-20'; 5135-46' ORIG. STIM. 88746 gal wt x 80000 lbs. oil

IP 5212 MCD @ 3hrs thru 3/4" chk CURRENT PROD. INT. 5438-46; 6003-17

PURPOSE: Determine extent of casing damage.

SDB

DHS

JMS

GOM

RWO

2/FF

RPM
~~PIS~~

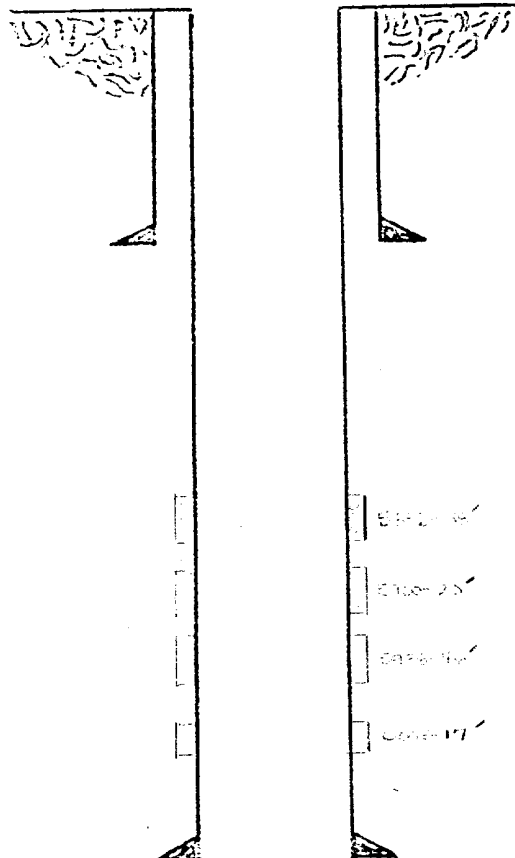
~~ENCLOSURE~~

FILE

WELLBORE SKETCH

PROCEDURE

OIL CON. DIV.
DIST. 3



- 1) Tilt with the $2\frac{3}{8}$ " Hg. DIST. 3
- 2) Double 1/2" clear with 2% R1 water
- 3) 118" air/water bridge plug, $2\frac{3}{8}$ " Hg, pressure is relatively lost 5500' to surface.
- 4) Two small leak(s) are located near main flow line further investigation.

Note: 1) The area where the rock is exposed
to the sun is called the sun face.

2) While looking for sun, birds pay
close attention to the thermophilic
insects that are attracted to heat
have not mounted past the surface
as the surface where they are
clinging was very hot.

Working document owners notified: Feb 16th
Working document owners approval: Feb 25th

DISTRICT SUPERINTENDENT

DISTRICT ENGINEER Pak # 24-10-10

DISTRICT FOREMAN *JM X*

ENGINEER W. R. Thompson

DATE 2-16-53

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GEOLOGICAL SURVEY

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1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
790' FSL x 1850' FEL
AT SURFACE:
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | ☐ | | ☐ |
| FRACTURE TREAT | ☐ | | ☐ |
| SHOOT OR ACIDIZE | ☐ | | ☐ |
| REPAIR WELL | ☒ | | ☐ |
| PULL OR ALTER CASING | ☐ | | ☐ |
| MULTIPLE COMPLETE | ☐ | | ☐ |
| CHANGE ZONES | ☐ | | ☐ |
| ABANDON* | ☐ | | ☐ |
| (other) | | | |

17. 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 plans to repair a casing leak in the above well per attached procedure. Work will commence upon approval.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
SF-078101
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Shipp Gas Com
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
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11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SE, Section 1,
T27N, R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
30-045-06780
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5768' GL

RECEIVED
MAR 16 1983
OIL CON. DIV.
DIST. 3

Verbal approval given 3-11-83

Subsurface Safety Valve: Manu. and Type

Set @

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

Original Signed By
B.J. Roberson
Admin. Supvr.
DATE 3-11-83

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

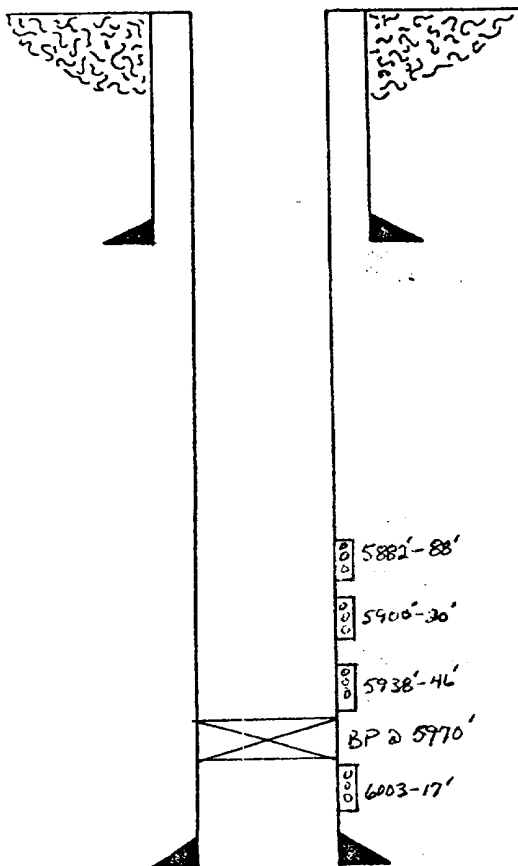
APPROVED

MAR 17 1983
JAMES F. SII
DISTRICT ENG.

TITLE

DATE

*See Instructions on Reverse Side

OPERATIONS TO BE PERFORMED: (Circle One) Recompletion Repair ServiceLEASE AND WELL SHIPP GAS Com No. 1 FIELD BASIN DAKOTAFORMATION DAKOTA LOGS INDUCTION, SONICLOCATION 790 FSL X 1850 FEL, SEC. 1, T27N, R13W, SAN JUAN COUNTY, NM.COMP. DATE 10-5-59 EL: 5768 TD: 6040 PBD: BP 2 5970'CSG: 8 5/8" 24 # CSA @ 263' : 5 1/2" 17 # CSA @ 6040'COMP. INT. 5882'-88', 5900'-20', 5938'-46', 6003'-17' ORIG. STIM. 88746 gal. wtr. X 80000 LBS. SANDIP on 10-9-59 for 5212 MCFD @ 3 hrs. thru 3/4" choke CURRENT PROD. INT. 5882'-88', 5900'-20', 5938'-46'PURPOSE: REPAIR CASING LEAKSDB DHS GOM 5/PERMITTING DESK (JMS, RWO, 2FF) ~~MEB~~ ENGR FILEWELLBORE SKETCHPROCEDURE

A CASING LEAK WAS LOCATED FROM 3670'-3700'. PLEASE REPAIR LEAK AS FOLLOWS:

- 1) SET RETRIEVABLE BRIDGE PLUG 50' BELOW LEAK. DUMP SAND ON TOP OF BP.
- 2) ESTABLISH A SUFFICIENT SQUEEZE INJECTION RATE WITH 2% KCl.
- 3) SQUEEZE CASING LEAK WITH 50 SX. CLASS B NEAT CEMENT WITH FLUID LOSS ADDITIVE (ALLOWING 50-120 CC. OF FLUID LOSS PER 30 MIN.) AND 2% CaCl₂.
- 4) DRILL OUT CEMENT PLUG AS NECESSARY.
- 5) PRESSURE TEST SQUEEZE TO 1000 PSI AND SWAB INTERVAL DRY. CHECK FOR FLUID ENTRY. RECOVER BRIDGE PLUG.
- 6) RESET PERMANENT BRIDGE PLUG AT 5970'.
- 7) TIEH WITH 2 3/8 INCH TUBING AND LAND AT 5940'. SWAB WELL DRY TO KICK OFF.

DISTRICT SUPERINTENDENT _____

DISTRICT ENGINEER _____

DISTRICT FOREMAN _____

ENGINEER MIKE BARNES

DATE _____