

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| | |
|------------------------------|--|
| WELL API NO. | 3004511925 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |

| | |
|---|---|
| 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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. Lease Name or Unit Agreement Name State Gas Com "D" |
| 2. Name of Operator Amoco Production Company | 8. Well No. 5 |
| 3. Address of Operator P.O. Box 800 Denver Colorado 80201 | 9. Pool name or Wildcat Dakota + Mesa Verde |
| 4. Well Location Unit Letter <u>f</u> : <u>1910</u> Feet From The <u>NORTH</u> Line and <u>1545</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>27N</u> Range <u>8W</u> NMPM San Juan County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6314 GR | |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
|-------------------------|-----------------------|
|-------------------------|-----------------------|

| | | | |
|---|--|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <u>Recomplete</u> <input type="checkbox"/> | | OTHER: <u></u> <input type="checkbox"/> | |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company request permission to Plug Back the Dakota formation and Recomplete the Mesa Verde formation.

See attached procedures.

If you have any questions please contact Mike Katus @ (303) 830-5159

RECEIVED
NOV 18 1994
OIL CON. DIV.
DIST. 3

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

SIGNATURE Lois Raebrun TITLE Business Assistant DATE 11-14-1994
TYPE OR PRINT NAME Lois Raebrun TELEPHONE NO. (303) 830-5294

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY ERNIE BUSCH DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE NOV 22 1994
CONDITIONS OF APPROVAL, IF ANY:

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Aztec, 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
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | |
|---------------------------|---|-----------|---------------------------------------|
| API Number 30045 11926 | | Pool Code | Pool Name Basin Dakota/ Mesa Verde |
| Property Code | Property Name State Gas Com "D" | | Well Number 5 |
| OGRID No. 000778 | Operator Name Amoco Production Company | | Elevation 6314 GR |

¹⁰ Surface Location

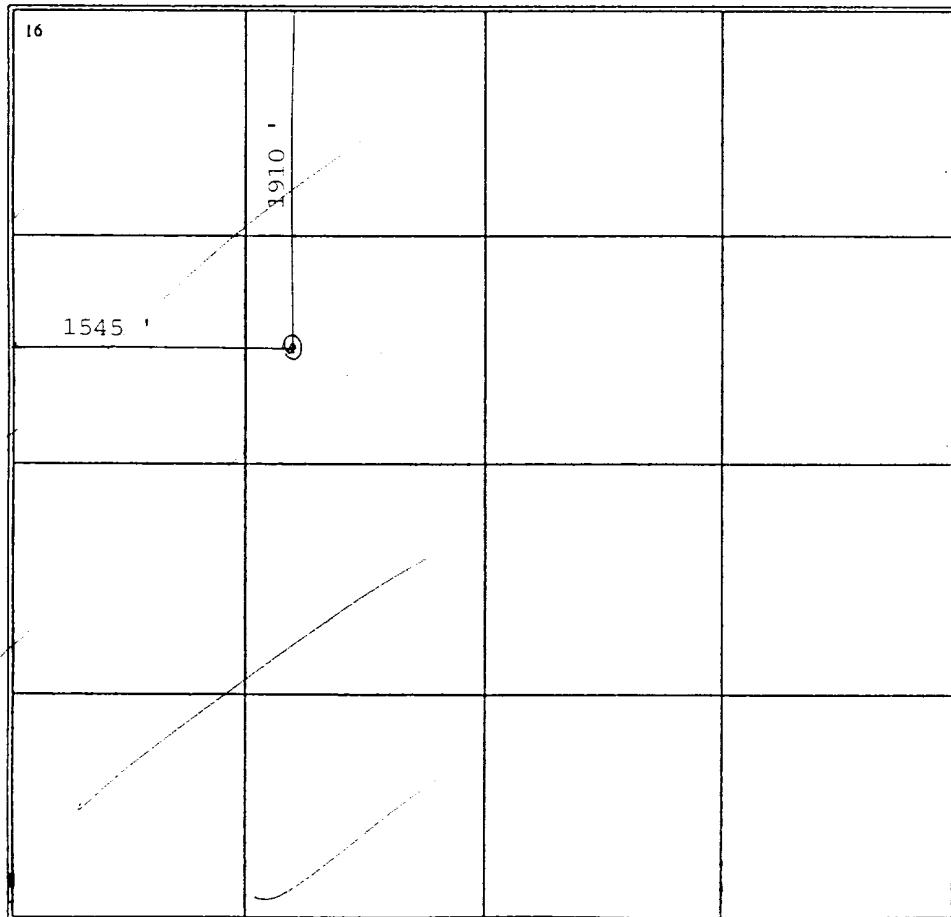
| | | | | | | | | | |
|--------------------|---------------|-----------------|-------------|--------------|------------------------|---------------------------|-----------------------|------------------------|--------------------|
| UL or lot no. F | Section 32 | Township 27N | Range 8W | Lot Idn F | Feet from the 1910' | North/South line North | Feet from the 1545 | East/West line West | County San Juan |
|--------------------|---------------|-----------------|-------------|--------------|------------------------|---------------------------|-----------------------|------------------------|--------------------|

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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|

| | | | |
|---------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 37.6 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|---------------------------------------|-------------------------------|----------------------------------|-------------------------|

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

| | | |
|---|---|--|
| ¹⁶  | ¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Signature Lois Raeburn Printed Name Business Assistant Title 11/14/94 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 11/12/66 Signature and Seal of Professional Surveyor: On File 2463 Certificate Number | |
| | | |
| | | |

**PXA, RECOMPLETION PROCEDURE
STATE COM D 5 DK, MV**

September 15, 1994 (1st Version)

1. Record TP, SICP, and SIBHP.
2. MIRUSU.
3. TOH with tubing, lay down bull plug and perforated sub if present.
4. TIH with a retainer and set at 6550'.
5. PxA the Dakota by establishing a rate and pumping 150 sacks of cement through the retainer, cap the retainer with 50' of cement.
6. Run a CBL from 6500' to surface and determine TOCs for the 4 1/2" casing. Relay CBL info to Mike Kutas in Denver so he can verify whether squeeze work will be necessary prior to any fracture treatment.
7. RU lubricator and TIH with 3 1/8" casing guns and perforate the MV Point Lookout intervals with 2 JSPF, 120 deg. phasing and 13 g charges. Perfs are correlated from XXX's Induction Log dated xx/xx/67.

PERFORATE

4541' - 45' 4565' - 78' 4588' - 4609'
4616' - 30' 4637' - 47' 4825' - 29'

8. Fracture stimulate according to the attached frac schedule for the Point Lookout.
9. If CBL indicates that zonal isolation is not present then proceed with remedial cementing, otherwise flow back load until sand entry ceases and returns are dry.
10. Clean out with N2 to new PBTD (6500').
11. TIH with 1 1/2" tubing and land at 4650' with a seating nipple one joint off of bottom.
12. Tie the wellhead back into surface equipment and turn over to production.

Note : Since this procedure will involve recompletion, and DRA expenditures, be sure to label all invoices accordingly.