

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No.  NM-03549	
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name	
3. Address and Telephone No. P.O. Box 800, Denver, CO 80201 (303) 830-4988		7. If Unit or CA, Agreement Designation	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1450' FSL 2510' FWL Sec. 29 T 28N R 8W Unit K		8. Well Name and No. Bolack #1	
		9. API Well No. 3004522871	
		10. Field and Pool, or Exploratory Area Basin Dakota	
		11. County or Parish, State San Juan New Mexico	

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"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input checked="" type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____ <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well 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.)\*

Amoco Production Company requests permission to workover this well per the attached procedure.

RECEIVED  
APR - 1 1996  
OIL CON. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct Signed <u>Patty Haeefe</u> Title <u>Staff Assistant</u>		APPROVED MAR 28 1996 District Manager
(This space for Federal or State office use) Approved by _____ Title _____ Conditions of approval, if any: _____		
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. NMOCD		



## SJOET Well Work Procedure

**Wellname:** Bolack # 1  
**Version:** #1  
**Date:** Feb 28, 1996  
**Budget:** Repair Well  
**Workover Type:** Reperf

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### Objectives:

1. Tubing will be pulled and inspected.
  2. Fill will be checked for and cleaned out if necessary.
  3. DK will be reperfected and tubing will be lowered to 6745'.
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### Pertinent Information:

Location:	1450' FSL, 2770' FWL, 29-28N-8W	Horizon:	DK
County:	San Juan	API #:	30-045-22871
State:	New Mexico	Engr:	Mark Rothenberg
Lease:	Federal # NM-03549	Phone:	W--(303)830-5612
Well Flac:	9794250		H--(303)841-8503
Lease Flac:	698472		P--(303) 553-6448

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### Economic Information:

APC WI:	100%	DK Prod. Before Repair:	20 MCFD
Estimated Cost:	\$15,000	DK Anticipated Prod.:	95 MCFD
Payout:	11 months		
Max Cost -12 Mo. P.O.	\$16,033		

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### Formation Tops: (Estimated formation tops)

Fruitland:	
Pictured Cliffs:	2273
MesaVerde:	3926
Gallup:	5697
Dakota:	6547

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**Wellname: Bolack # 1**

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**Suggested Procedures:**

1. Contact Federal or State agency prior to starting repair work.
2. Install and/or test anchors.
3. MIRUSU. Check and record tubing, casing and bradenhead pressures.
4. Blow well down, kill well if necessary with 2% KCL.
5. Nipple down well head, nipple up and pressure test BOP's.
6. Trip in the hole and tag PBTD, check for fill, trip and tally out of hole with tubing checking condition of tubing.
7. Unload hole and perforate DK underbalanced with 2 JSPF over following intervals.  
6642-6660      6688-6702      6705-6710      6716-6726      6736-6750      6770-6780
8. Trip in the hole with the production string (1/2 mule and SN), clean out to PBTD, and land tubing at 6745'.
9. Nipple down BOP's, nipple up well head.
10. Swab well in and put well on production.
11. Rig down move off service unit.

***If problems are encountered, please contact:***

***MARK ROTJENBERG***

***(W) (303) 830-5612***

***(H) (303) 841-8503***

***(P) (303) 553-6448***