

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.)

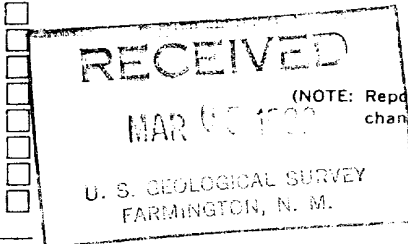
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Oxoco Production Corp.
3. ADDRESS OF OPERATOR
P.O. Box 255, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850ft. FNL, 1850ft. FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

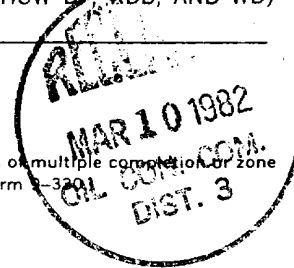
SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Completion plan



(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



5. LEASE
NM-33035
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Campbell
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
WAW Fruitland-Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T27N-R13W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-25152
15. ELEVATIONS (SHOW DE, KDB, AND WD)
5962 Gr.

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.)*

Operator proposes to move on location with swabbing unit, run cement bond log and gamma-ray correlation log and perforate Pictured Cliffs Ss. from 1392-1408 ft. with 2 jet shots per ft. Well will be swabbed in through lubricator and tested for natural gas flow. If commercially productive will run 1 1/4", 2.4#, J-55, 10-rnd tbg to base of perms with stripping head and install well-head equipment for pipeline connection. If required, will acidize with 500 gals. 15% HCl acid, re-test and/or stimulate with CO2 foam-frac treatment. Expected commencement date 3/8/82. Gas is dedicated by contract to El Paso Nat. Gas Co.

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

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

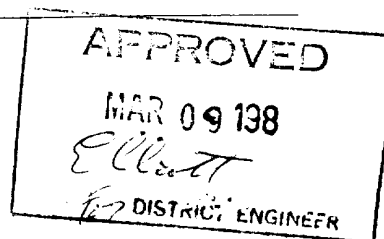
SIGNED W. R. Geer TITLE Agent DATE March 4, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC



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
Oxoco Production Corp

3. ADDRESS OF OPERATOR
P.O.Box 255, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1850 ft.FNL, 1850 ft. FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

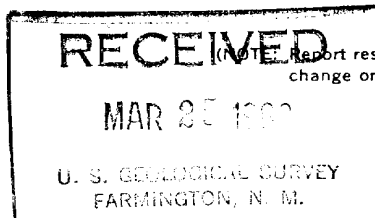
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐
☒
☒
☐
☐
☐
☐
☐



5. LEASE
NM-33035

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Campbell

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
WAW Fruitland-Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T27N-R13W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.
30-045-25152

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5962 Gr.

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.)*

Mar. 8, 1982: Moving on location with swabbing unit for completion. Ran cement bond log to 1416'. Good cement bond (80-100%) from T.D. up to surf. csg. Ran gamma-ray log with collar locator to 1430'. Perforated 1389 to 1405' (GR log) with 2 1/8" glass jets at 2 shots per foot with 600 ft. water blanket. Swabbed well down to top perfs. Well making small amount of gas. Mar. 10, 1982: Acidized perfs 1394-1410 (DBC/CNP log) with 500 gal. 15% HCl acid containing 2.5 gal. surfactant and 2 gal. inhibitor. Displaced acid with 8 bbls. 2% KCl water Perforations broke down with 1600 psi, decreasing to 750 psi at 4 BPM injection rate. ISIP 500psi, decreasing to 0 in 5 min. Swbd. back 12 bbls. acid and displacement water in first 4 runs. S1 show gas. March 13, 1982: Rigged up (OVER)

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

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

SIGNED

W. R. Speer

TITLE

Agent

DATE

March 24, 1982

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 26 1982

FARMINGTON DISTRICT

BY

CO

*See Instructions on Reverse Side

NMOCC

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

For nitrogen foam-trac. Traced with 393 bbl. of 70% quality nitrogen stable foam and 19,000 lbs. of 10/20 sand. Total nitrogen, 2% KCl water and foamer was 106,000 SCF, 118 bbls. and 32 gallons NFA. Pressure-tested lines to 4,000 psi. Pumped 3500 gals. foam pad, then 2,000 gals. foam with 1 lb./gal. sand, 10/20 sand, 4,000 gals. foam with 1 lb./gal. sand, started pumping 7,000 gals. foam at 2 lb./gal. when, at 1650 gals. and 3,300 lb. the nitrogen vaporization heater failed. Displaced 2 lb./gal. foam with 8.2 bbls. KCl water and shut down. Avg. foam & water pumping rate was 12 BPM and 3.6 BPM. Maximum treating pressure is 1650 psi, avg. treating pressure 1310 psi. ISIP was 560 psi, decreasing to 300 psi in 15 min. Total nitrogen injected was 93,400 SCF, total sand 8,300 lbs. Opened well to flow back but well was dead.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

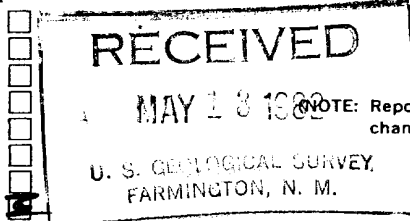
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ well ☐ other ☐
2. NAME OF OPERATOR
Oxoco Production Co.
3. ADDRESS OF OPERATOR
P.O. Box 255, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' fN1, 1850' fE1
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same as above
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:



5. LEASE
NM-33035
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Campbell
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
WAW Fruitland-Pict. Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T27N-R13W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25152
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5962 Gr.

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

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.)*

PBTD 1416'. It is proposed to plug and abandon this well by pumping sufficient cement (estim. 50 sacks) into the 2 7/8", 6.5 lb. casing set to PBTD to completely fill the casing back to the surface. The well is incapable of making an economical amount of gas to warrant its completion. All surface wellhead equipment will be removed and a 4', 4 1/2" dry hole marker cemented over the casing stub. All trash will be removed, the pits filled and the location leveled in accordance with the general and specific requirements as set out by the U.S.G.S. in their original approval of the permit to drill this well.

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

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

SIGNED Wm R. Deer TITLE Agent DATE May 13, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED

MAY 13 1982

Elliott

For DISTRICT ENGINEER