

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

5. Lease Designation and Serial No.

NM 013860 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Russell 3E

9. API Well No.

3004525260

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan Mexico

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention:

Lois Raebrun

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

(303) 083-05294

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1850 FSL ⁸⁰⁰ 1850 FEL Sec. 25 T 28N R 8W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Wellbore changes

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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 request permission to do Wellbore changes.

See attached Rovedures.

If you should have any questions please call Stan Kolodzie @ 830-4769

RECEIVED
MAY 31 1994
OIL CON. DIV.
DIST. 3

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

Signed

Lois Raebrun

Title

Business Assistant

Date

05-18-1994

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED
MAY 25 1994

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.

REPERF & LOWER TUBING.
RUSSELL#3E - Run 47
May 16, 1994
WORKOVER PROCEDURE

Procedure:

1. Move in rig. Rig up. Nipple up blowout preventer.
2. Kill well, if necessary. Use only the minimum volume to kill fluid - with 2% KCl water.
3. Pull out of hole Dakota 2 3/8" tubing string.
4. Run in hole 4 1/2" bit scraper and clean out liner to PBTD at 7063'. Circulate out cuttings with nitrogen.
5. Install lubricator.
6. Allow well to unload kill fluid, if possible. Perforating should be done with the minimum pressure possible in the casing to allow the new perfs to clean themselves out. Perforate the following intervals with 3 1/8" casing gun, 2 JSPF, 120 degree phasing.

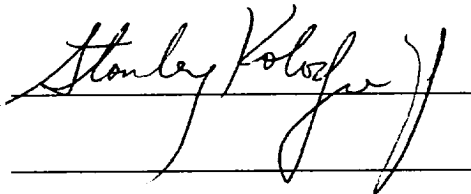
	Intervals
Dakota:	6979 - 6991
	7078 - 7082
	7064 - 7068
	7099 - 7105
	7128 - 7136
	7141 - 7174

Total of 146 shots

7. Rerun 2 3/8" tubing with mule shoe in next to last joint. Set tubing at approximate 7174' - depth of the lowest perforation.
8. Spot 500 gal methanol to bottom of tubing. Displace methanol into Dakota with nitrogen. Allow methanol to soak for 12 hours.
9. Nipple down blowout preventer. Hook up well to production equipment.
10. If necessary, swab in well. Return to production. Well may make 200-300 barrels of water or condensate when production is restored.

AUTHORIZATIONS:

ENGINEER:



PRODUCTION FOREMAN:

WORKOVER FOREMAN:

Amoco Production Company

WELL REPAIR AUTHORIZATION AND REPORT

ORIGINAL BLANK
CORRECTION 5
DELETION 9

LEASE/UNIT NAME AND WELL NUMBER

Russell #3E

HORIZON NAME

Dakota

FLAC (WELL) NO

979776

HORIZON CODE

01

CONTROL DATE

MO DAY YR

FIELD

Basin Dakota

COUNTY

San Juan

STATE

NM

OPERATOR

Amoco

OPERATIONS CENTER/DIVISION

SJOC

ELEVATION

6220

ELE. REFERENCE PT

KB

LAST PRODUCING WELL ON LEASE

YES NO

T.D.

7225

P.B.T.D.

7210

LOCATION

25I-28N-8W, 1850 fsl, 800 fel

AMOCO

WORKING INTEREST

0.5

OTHER WORKING INTERESTS

Conoco - 0.5

AMOCO

NET INTEREST

0.4225

TOTAL REPAIR
HORIZONS

1

STATUS AFTER REPAIR
PRODUCING

1

INJECTION

PRODUCTION INCREASE
EXPECTEDYES ☒ NO ☐

TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)

CONVERT TO INJECTION... ☐WATER FRAC... ☐ACIDIZE... ☐PLUG BACK... ☐WASHING SAND... ☐SET LINER OR SCREEN... ☐CONVERT TO PROD... ☐OIL FRAC... ☐REPAIR CASING... ☐PERFORATE... ☒SAND CONTROL... ☐PULL LINER OR SCREEN... ☐DEEPEN... ☐ACID FRAC... ☐WHIPSTOCK... ☐CEMENT SQUEEZE... ☐OTHER... ☒

TREATING VOLUME - GAL.

0

DIVISION REPAIR CODE

ESTIMATED COST

INTANGIBLES

RIG COST	6000.00
EQUIPMENT RENTAL	1000.00
CIRCULATING EQUIPMENT	3000.00
CEMENT AND SERVICE	0.00
PACKERS AND EQUIPMENT	1500.00
PERFORATE, LOG, WIRELINE	7000.00
STIMULATION	2000.00
LABOR	1000.00
SPECIAL EQUIPMENT	0.00
FISHING	0.00
OTHER INTANGIBLES	2500.00
TOTAL INTANGIBLES	24000.00

GROSS PRODUCTION

BEFORE

ANTICIPATED

UNIT PRICE

OIL.....BOPD

0

2 \$/BBL

10.00

WATER.....BWPD

0

10

GAS.....MCFD

21

200 \$/MCF

1.65

OTHER...../DAY

0

0 \$/UNIT

0.00

EXPECTED PAYOUT 5.7 MONTHS

GROSS INJECTION

WATER ☐GAS ☐LPG ☐AIR ☐STEAM ☐OTHER ☐

BEFORE

ANTICIPATED

RATE.....BPD OR MCFD

PRESSURE.....PSIG

TANGIBLES

CSG., TBG., HEAD, ETC. 0.00

TOTAL GROSS COST \$ 24000.00

AMOCO

WORKING INTEREST COST 12000.00

REASON FOR WORK

This well has logged off frequently due to high tubing setting and has a high decline rate due to limited entry.

Notice To Nonoperator: Costs shown on this form are estimates only.
Nonoperators should not consider these estimates as establishing any limit on monies which will be required to perform the proposed operation.

Nonoperator

By

Date

REPAIR RESULT

SUCCESS ☐FAILURE ☐

DATE REPAIR COMPLETED

MO. DAY YR.

GROSS PRODUCTION DURING PAYOUT

OIL.....BOPD

GAS.....MCFD

WATER.....BWPD

OTHER...../DAY

GROSS INJECTION

RATE.....BPD OR MCFD

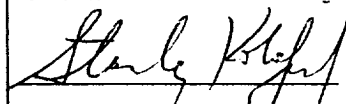
PRESSURE.....PSIG

ESTIMATED FINAL GROSS COST

RECOMMENDED

DATE

AUTHORIZED



MO. DAY YR.

05 16 94