

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No. SF-078566
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. Storey D 3E
9. API Well No. 30-045-25955
10. Field and Pool, or Exploratory Area Basin Dakota
11. County or Parish, State San Juan, NM

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

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator Amoco Production Company Attn: John Hampton
3. Address and Telephone No. P.O. Box 800 Denver, Colorado 80201
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 35, T28N R8W 1500' FSL, 1830' FEL, NE/SW

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <i>test well for prod.</i>	<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.)*

Please see attachment for procedures.

If you have any questions please contact Cindy Burton @ (303) 830-5119.

RECEIVED
DEC 9 1991
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
DEC 15 1991
ACCEPTED FOR RECORDS
FEDERAL BUREAU OF LAND MANAGEMENT
San

14. I hereby certify that the foregoing is true and correct		
Signed <i>J. Hampton/CB</i>	Title Sr. Staff Admin. Supv.	Date 12/12/91
(This space for Federal or State office use)		
Approved by	Title WOOD	Date
Conditions of approval, if any:		

STOREY D 3 E

1. MIRUSU 6/19/90.
 2. ND WELLHEAD, NU BOP.
 3. TAKE IN AND TAG BOTTOM; HAD 6' OF FILL.
 4. TAKE OUT TUBING AND CHECK TALLY.
 5. RU AND SET CIBP @ 7594'.
 6. RD WIRELINE, RU AND TAKE IN SAWTOOTH COLLAR.
 7. SEATING NIPPLE AND TUBING LANDED AT 7571'.
 8. ND BOP AND NU WELLHEAD.
 9. SWAB, MADE 7 RUNS AND RECEIVED 30 BBLS OF WATER, SFL 4000'.
 10. WELL SI FOR 13 HRS. SITP 250 PSI, SICP 690 PSI.
 11. SWAB, MADE 4 RUNS, SFL 3500'.
 12. LAST RUN FL @ 2800'. WELL KICKED OFF AND FLOWED. RECEIVED 50 BBLS WATER.
 13. THIS WELL IS CURRENTLY SHUT-IN PENDING OFFSET RESULTS OF FRUITLAND RECOMPLETIONS IN THIS AREA. AMOCO WILL HAVE RESULTS BY APRIL AND WILL EITHER RECOMPLETE THIS WELL TO THE FRUITLNAD COAL OR PLUG AND ABANDON IT.
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SUBMIT IN TRIPLICATE

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. SF-078566
2. Name of Operator Amoco Production Company Attn: John Hampton	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 800 Denver, Colorado 80201	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1500' FSL, 1830' FEL Unit "X" Sec. 35, T28N-R8W	8. Well Name and No. Storey D #3
	9. API Well No. 30-045-25955
	10. Field and Pool, or Exploratory Area Basin Dakota
	11. County or Parish, State San Juan, NM

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"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Reconpletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Water Test</u>
	<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

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 intends to check well for fluid and fill. Water will be tested and the well will be evaluated for a possible refrac of the Dakota formation. The evaluation should be complete within 8 weeks. In addition, the well is still under consideration for plugging and abandonment.

AUG 01 1992

RECEIVED
JUN - 3 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
92 MAY 29 AM 10:27
019 FARMINGTON, N.M.

If you have any questions please contact Ed Hadlock @ (303) 830-4982. ACCEPTED FOR RECORD

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

Signed <u>J. L. Hampton / w/leh</u>	Title <u>Sr. Staff Admin. Supv.</u>	Date <u>5/28/92</u>
(This space for Federal or State office use)		FARMINGTON RESOURCE AREA
Approved by _____	Title _____	BY <u>SM</u>
Conditions of approval, if any: _____		Date _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Attn: John Hampton

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

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

1500' FSL, 1830' FEL, Sec. 35, T28N-R8W

5. Lease Designation and Serial No.

SF-078566

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Storey D 3E

9. API Well No.

30 045 25955

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

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other TCA

- ☐ 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 intends to Plug and Abandon the Dakota formation and temporarily abandon the well. We are presently evaluating the well for possible recompletion.

See attached for procedure:

OIL CON. DIV.
(DIST. 3)

OIL CON. DIV.

If you have any questions please call Julie Acevedo at 303-830-6003.

THIS APPROVAL EXPIRES SEP 01 1993

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

Signed

Title Sr. Staff Admin. Supv.

Date

9-3-92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

AMCOO

Date

SEP 10 1992
AREA MANAGER

TXA Procedures
PXA Dakota
Storey D 3E

1. Test location for anchors. Install if necessary. Test anchors.
2. MIRUSU. Blow down well. Kill if necessary with 2%KCL water.
3. POOH with 2 3/8" tbq. RIH with tbq and cement retainer. Set retainer at 7450'. Squeez Dakota perms with 39 sx class B cement. Pull out of retainer and spot 25 sx class B cement on top. WOC. Tag top of cement.
4. Test casing integrity to 500#. Roll hole with pkr fluid. (water + 1 gal anhib)
5. Rehabilitate surface according to BLM or state requirements for TXA.

STOREY D 003E 1040
Location - 35J- 28N- 8W
SINGLE DK
Orig. Completion - 6/84
Last File Update - 1/39 by DDM

LIFT EQUIPMENT:
PLUNGER LIFT 5/85

BOT OF 9.625 IN OD CSA 361
38 LB/FT, K-55 CASING
TOC - SURF

4743
4796 CH
5049
5199 MN
5338
5595 PLO

TOP OF 4.5 IN. LINER AT 5470
BOT OF 7 IN OD CSA 5670, 23 LB/FT
K-55 CASING
TOC - 925

DK--2SPF PERF 7489-7471
7505-7509
7540-7542
7550-7552
7562-7566
7574-7580
7600-7602

BOT OF 2.375 IN OD TBG AT 7571

PBTD AT 7640 FT.

TOTAL DEPTH 7660 FT.

BOT OF 4.5 IN OD LINER AT 7653
11.6 LB/FT, K-55 CASING

Cathodic Protection - N



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington Resource Area
1235 La Plata Highway
Farmington, New Mexico 87401



IN REPLY REFER TO:
SF-078566 (WC)
3162.3-2 (019)

RUSH

AUG. 06 1992

CERTIFIED--RETURN RECEIPT REQUESTED
P 117 126 479

Attn: John Hampton
Amoco Production Co.
PO Box 800
Denver, CO 80201

Gentlemen:

Reference is made to your well No. 3E Story D, NW $\frac{1}{4}$ SE $\frac{1}{4}$ sec. 35, T. 28 N., R. 8 W., San Juan County, New Mexico, lease SF-078566. Also referenced is your Sundry Notice dated May 28, 1992, which stated the well would be tested for evaluation. You were granted until August 1, 1992 to complete the test. To date we have not received your plans. You are required to submit your procedure to either workover or plug this well.

You have 30 days to comply with this order. The 30 days commences upon receipt of the letter or seven days from the date it is mailed, whichever is less. Failure to comply within the 30 days will result in strict enforcement of 43 CFR 3163.1.

Under provisions of 43 CFR 3165.3, you may request an Administrative Review of the orders described above. Such request, including all supporting documents, must be filed in writing within 20 business days of receipt of this notice and must be filed with the State Director, Bureau of Land Management, P. O. Box 27115, Santa Fe, New Mexico 87502-0115. Such request shall not result in a suspension of the order(s) unless the reviewing official so determines. Procedures governing appeals from instructions, orders or decisions are contained in 43 CFR 3165.4 and 43 CFR 4.400 *et seq.*

If you have any questions please contact Stephen Mason with this office at (505) 599-8917.

Sincerely,

John Keller
Chief, Branch of Mineral Resources