

FARMINGTON DISTRICT WORKOVER

DATE: 4/1/85

OPERATIONS TO BE PERFORMED: (CIRCLE ONE)

RECOMPLETION REPAIR SERVICE

LEASE AND WELL GCU #229

FIELD Basin Dakota

FORMATION Dakota

LOGS Induction Log

LOCATION NE 1/4, Sec 21, T28N, R12W

San Juan County, New Mexico

COMP. DATE 4/66

EL: 5595 KB

TD: 6110'

PBD: 6074'

CSG: 4-1/2" 10.5 # J-55 @ 6110'; 8-5/8" 24.0 # J-55 @ 351'

COMP. INT. 5988-5889

ORIG. STIM. 88,000 gals x 80,000'

IP 10,521 mcf/d

CURRENT PROD. INT. Same

PURPOSE: Repair Suspected Casing Leak x Repair

TKA
BJW

TWE

GOM
DHS

6/PERMITTING DESK

MCH
~~RGH~~
~~BVD~~
~~GMK~~

ENGR

DNE

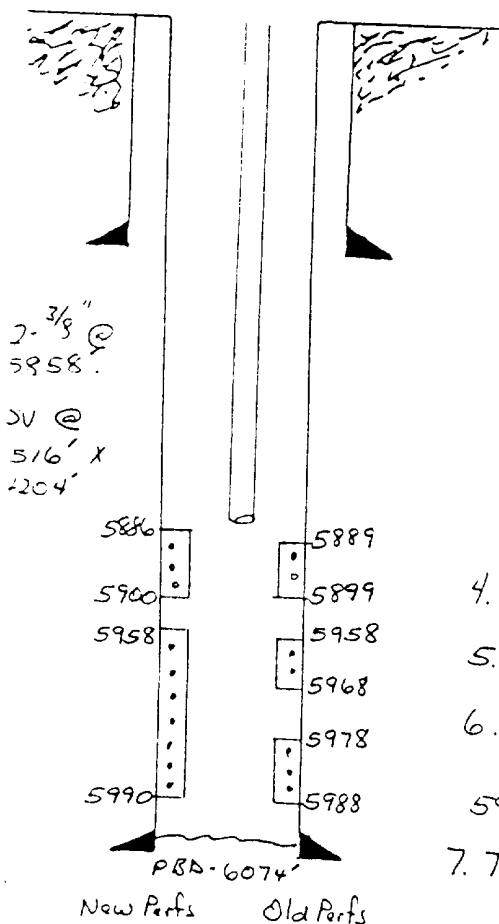
Perforating: Blue Jet

WELLBORE SKETCH

Note: Formation is sensitive to water.

Please work well hot.

PROCEDURE



1. MURUSU.
2. TOH with 2-3/8" tubing. Visually inspect tubing replace any suspect joints. Rabbit tubing.
3. TIH with BP, packer and 2-3/8" tubing. Set BP at 5850'. Pressure test casing to 1500 psi with 2% KCl water. If casing pressure tests go to step 4. Establish rate and squeeze leak with 50 sx Class B Nect. Drill out cement and pressure test.
4. Unload hole and retrieve BP.
5. Clean out to PBD with nitrogen.
6. Perforate induction log intervals 5990-5978 and 5900-5886' with 2 JSPF.
7. TIH with 2-3/8" tubing and land at 5990'.

DISTRICT MANAGER

W. J. H. H.

DISTRICT ENGINEER

Sam Littendy

DISTRICT FOREMAN

ENGINEER Morris Bell ext 244 (598-9751)

DATE

4-1-85

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 1-149-1ND 8475
2. NAME OF OPERATOR Amoco Production Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL x 790' FEL same	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 229
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5582' GR	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE sec 21, T28N, R12W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Amoco Production Company requests permission to repair the above referenced well according to the attached procedure.

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

SIGNED B. Shaw

TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMOCC

APPROVED DATE 4/4/85
DATE APR 11 1985 John O'Kell NMOCC FARMINGTON AND SURVEY AREA