

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078904

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1810' FSL x1115" FEL

RECEIVED

MAR 16 1985

14. PERMIT NO.

15. ELEVATIONS (Show whether of AT, GR, etc.)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
5708' GR

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

243E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

ne/se Sec24, T28N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Amoco Production Company requests approval to repair the subject
well according to the attached procedure.

RECEIVED
MAR 26 1985
OIL CON. DIV.
DIST. 3

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

SIGNED

BSShaw

TITLE

Adm. Supervisor

DATE

3/7/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

MAR 20 1985

John G. Miller

M. MILLENBACH

AREA MANAGER

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT WORKOVER

DATE: 2/26/85

OPERATIONS TO BE PERFORMED: (CIRCLE ONE) RECOMPLETION REPAIR SERVICE
 LEASE AND WELL GCU #243 FIELD Basin Dakota
 FORMATION Dakota LOGS Induction, Sonic
 LOCATION NE 1/4 Sec 24, T28N, R12W San Juan County, New Mexico
 COMP. DATE 6-66 EL: 5656 KB TD: 6205' PBD: 6170
 CSG: 4-1/2" 10.5 # J-55 @ 6205': 8-5/8" 24 # J-55 @ 367'
 COMP. INT: 6027-6160 ORIG. STIM. 78,000 gals x 80,000 #
 IP 7348 MCFD CURRENT PROD. INT. Same
 PURPOSE: Repair Suspected Casing Leak

WJH TKA

GOM MCH
DHS RSH
BVD
GMK

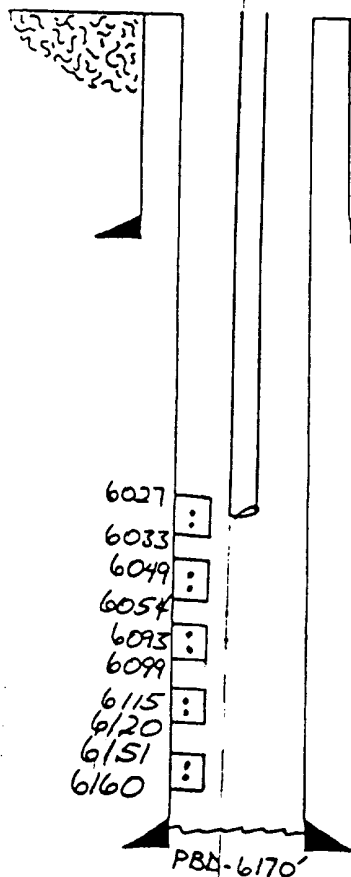
5/PERMITTING DESK

ENGR FILE

Note: Pull tubing hot. Do not kill well with water. Formation is extremely sensitive to water.

WELLBORE SKETCH

PROCEDURE



1. MIRUSU.
2. TOH with 2-3/8" tubing.
3. TIH with 2-3/8" tubing, packer, and BP. Set BP at 5900'.
4. Pressure test casing to 1000 psi with 2% KCl water. If casing will not hold pressure, locate hole with packer. Squeeze with 100 sx Class B with 2% CaCl₂.
5. Drill out cement and pressure test to 1000 psi. Retrieve BP at 5900'.
6. TIH with 2-3/8" tubing, seating nipple, and sawtooth collar. Clean out to PBD ^{with nitrogen} of 6170' and land tubing at 6160'.
7. Submit water sample to Morris Bell

DISTRICT MANAGER W. J. H. TRA
 DISTRICT ENGINEER Sam Altendorf
 DISTRICT FOREMAN T. W. Emswiler
 ENGINEER Morris Bell ext 244 598-9751
 DATE 2/28/85
 ENGSPE

Amoco Production Company
WELL REPAIR AUTHORIZATION AND REPORT

ORIGINAL BLANK
CORRECTION 6 <input type="checkbox"/>
DELETION 9 <input type="checkbox"/>
FLAC (WELL) NO. _____
HORIZON CODE _____
CONTROL DATE MO. DAY YR. _____

LEASE/UNIT NAME AND WELL NUMBER GCU #243		HORIZON NAME Dakota	
FIELD Basin Dakota	COUNTY San Juan	STATE New Mexico	
OPERATOR Amoco	DISTRICT Farmington	ELEVATION 5556	ELEV. REFERENCE PT. KB
LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		T. D. 6205'	P. B. T. D. 6170'
		LOCATION NE 1/4, Sec 24, T28N, R12W	
Amoco WORKING INTEREST 0.517		OTHER WORKING INTERESTS GCU Dakota Participating Area	
Amoco NET INTEREST 0.452		TOTAL REPAIR HORIZONS 1	STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>
		PRODUCTION INCREASE EXPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)			ESTIMATED COST																					
CONVERT TO INJECTION <input type="checkbox"/> CONVERT TO PROD. <input type="checkbox"/> DEEPEN <input type="checkbox"/> WATER FRAC <input type="checkbox"/> OIL FRAC <input type="checkbox"/> ACID FRAC <input type="checkbox"/> ACIDIZE <input type="checkbox"/> REPAIR CASING <input checked="" type="checkbox"/> WHIPSTOCK <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PERFORATE <input type="checkbox"/> CEMENT SQUEEZE <input type="checkbox"/> WASHING SAND <input checked="" type="checkbox"/> SAND CONTROL <input type="checkbox"/> OTHER <input type="checkbox"/> SET LINER OR SCREEN <input type="checkbox"/> PULL LINER OR SCREEN <input type="checkbox"/> TREATING VOLUME - GAL. _____ AREA REPAIR CODE _____			INTANGIBLES RIG COST \$ 8,500 EQUIPMENT RENTAL _____ CIRCULATING MEDIA 5,000 CEMENT AND SERVICE 4,000 PACKERS AND EQUIPMENT 1,500 PERFORATE, LOG, WIRELINE _____ STIMULATION _____ LABOR _____ SPECIAL EQUIPMENT _____ FISHING _____ OTHER INTANGIBLES _____ TOTAL INTANGIBLES \$ _____																					
GROSS PRODUCTION <table border="1"> <thead> <tr> <th></th> <th>BEFORE</th> <th>ANTICIPATED</th> <th>UNIT PRICE</th> </tr> </thead> <tbody> <tr> <td>OIL - - - - BOPD</td> <td align="center">0</td> <td align="center">0</td> <td>\$/BBL _____</td> </tr> <tr> <td>WATER - - - BWPD</td> <td align="center">0</td> <td align="center">0</td> <td></td> </tr> <tr> <td>GAS - - - - MCFD</td> <td align="center">55</td> <td align="center">200</td> <td>\$/MCF 0.700</td> </tr> <tr> <td>OTHER - - - /DAY</td> <td></td> <td></td> <td>\$/UNIT _____</td> </tr> </tbody> </table>				BEFORE	ANTICIPATED	UNIT PRICE	OIL - - - - BOPD	0	0	\$/BBL _____	WATER - - - BWPD	0	0		GAS - - - - MCFD	55	200	\$/MCF 0.700	OTHER - - - /DAY			\$/UNIT _____	TANGIBLES CSG., TBG., HEAD, ETC. \$ _____ TOTAL GROSS COST \$ 19,000 Amoco WORKING INTEREST COST \$ 9,800	
	BEFORE	ANTICIPATED	UNIT PRICE																					
OIL - - - - BOPD	0	0	\$/BBL _____																					
WATER - - - BWPD	0	0																						
GAS - - - - MCFD	55	200	\$/MCF 0.700																					
OTHER - - - /DAY			\$/UNIT _____																					
GROSS INJECTION WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/> RATE - - - BPD OR MCFD _____ PRESSURE - - - PSIG _____			EXPECTED PAYOUT 6 MONTHS REPAIR DESCRIPTION Repair Casing Leak																					

REASON FOR WORK

Production has dropped significantly during the last two years. A casing leak is suspected. This workover will repair any casing leaks and clean out any sand fill.

REPAIR RESULT DATE REPAIR COMPLETED _____	SUCCESS <input type="checkbox"/> FAILURE <input type="checkbox"/> MO. _____ DAY _____ YR. _____	RECOMMENDED Edward J. Bell E. R. Ottendorf	DATE 2/26/85
GROSS PRODUCTION DURING PAYOUT OIL - - - - BOPD _____ WATER - - - BWPD _____	GAS - - - - MCFD _____ OTHER - - - /DAY _____	AUTHORIZED W. J. H.	MO. DAY YR. 02 28 85
GROSS INJECTION RATE - - - BPD OR MCFD _____ PRESSURE - - - PSIG _____	ESTIMATED FINAL GROSS COST - - - - - \$ _____		