

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.

SF-078416-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Wilch 1E

9. API Well No.

3004525458

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 Attention:
Amoco Production Company Lois Raebrun

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201 (303) 830-5294

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1765FSL 1550FEL Sec. 26 T 29N R 8W

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"/> Change of Plans
<input 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 Workover	<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.)*

Amoco Production Company request permission to workover the above mentioned well.

See attached procedures.

If you have any questions please contact Stan Kolodzie @ (303) 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 05-20-1994

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

APPROVED
Date

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.

* See Instructions on Reverse Side
NMOOD

REPERF & LOWER TUBING.

WILCH #1E - Run 81

May 5, 1994

WORKOVER PROCEDURE

Procedure:

1. Move in rig. Rig up. Nipple up blowout preventer.
2. Kill well, if necessary. Use only the minimum volume of kill fluid - with 2% KCl water.
3. Pull out of hole Dakota 2 1/16" tubing string.
4. Run in hole 4 1/2" bit scraper and clean out liner to PBTD at 7414'. 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.

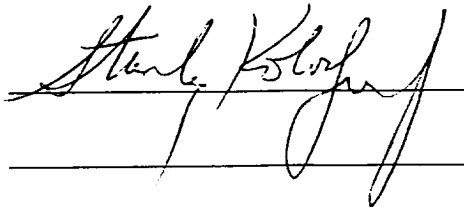
	Intervals
Dakota:	7192 - 7218
	7273 - 7292
	7300 - 7311
	7328 - 7336
	7350 - 7352
	7370 - 7378
	7386 - 7392
	7395 - 7404

Total of 172 shots

7. Rerun 2 1/16" tubing with mule shoe in next to last joint. Set tubing at approximate 7404' - 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:



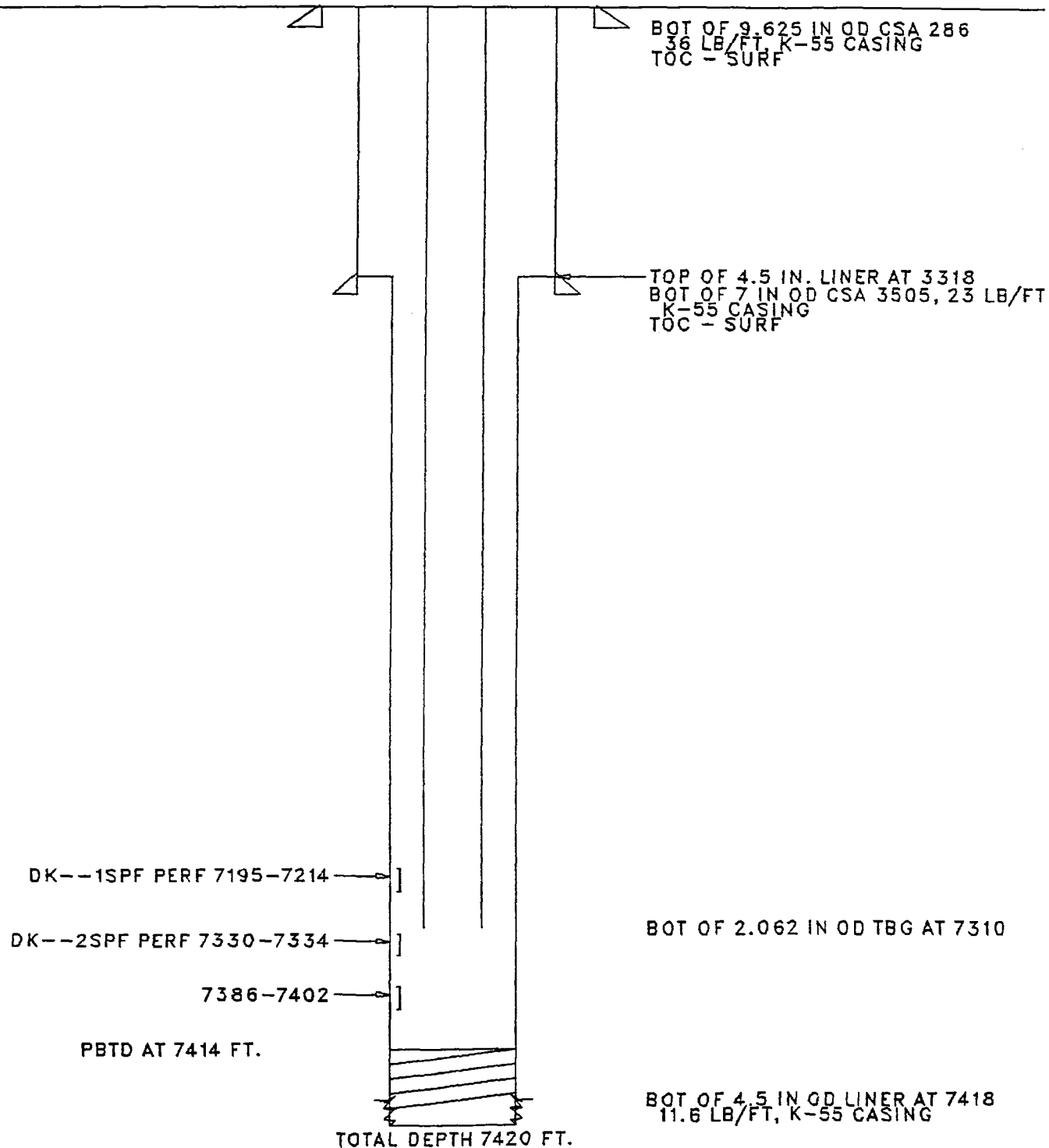
PRODUCTION FOREMAN:



WORKOVER FOREMAN:



WILCH 001E 449
Location - 26J- 29N- 8W
SINGLE DK
Orig. Completion - 4/83
Last File Update - 1/89 by DDM



Cathodic Protection - N

WELL REPAIR AUTHORIZATION AND REPORT

ORIGINAL BLANK CORRECTION 6 DELETION 9	<input type="checkbox"/>
FLAC (WELL) NO <div style="border: 1px solid black; padding: 2px; text-align: center;">979794</div>	
HORIZON CODE <div style="border: 1px solid black; padding: 2px; text-align: center;">01</div>	
CONTROL DATE MO DAY YR <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	

LEASE/UNIT NAME AND WELL NUMBER Wilch #1E		HORIZON NAME Dakota	
FIELD Basin Dakota		COUNTY San Juan	
STATE NM		ELEVATION 6339	
OPERATOR Amoco		ELE. REFERENCE PT GL	
OPERATIONS CENTER/DIVISION SJOC		LOCATION 26J-29N-8W, 1765 fsl, 1550 fel	
LAST PRODUCING WELL ON LEASE YES NO		T.D. 7420	
		P.B.T.D. 7414	

AMOCO WORKING INTEREST <div style="border: 1px solid black; padding: 2px; width: 100px;">0.5</div>		OTHER WORKING INTERESTS Conoco - 0.5	
AMOCO NET INTEREST <div style="border: 1px solid black; padding: 2px; width: 100px;">0.425</div>		TOTAL REPAIR HORIZONS <input checked="" type="checkbox"/> 1	
		STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> 1 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)

CONVERT TO INJECTION... <input type="checkbox"/> WATER FRAC..... <input type="checkbox"/> ACIDIZE..... <input type="checkbox"/> PLUG BACK..... <input type="checkbox"/> WASHING SAND..... <input type="checkbox"/> SET LINER OR SCREEN..... <input type="checkbox"/> TREATING VOLUME - GAL.. <div style="border: 1px solid black; padding: 2px; width: 100px;">0</div>	CONVERT TO PROD..... <input type="checkbox"/> OIL FRAC..... <input type="checkbox"/> REPAIR CASING..... <input type="checkbox"/> PERFORATE..... <input checked="" type="checkbox"/> 1 SAND CONTROL..... <input type="checkbox"/> PULL LINER OR SCREEN... <input type="checkbox"/> DIVISION REPAIR CODE <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	DEEPEN..... <input type="checkbox"/> ACID FRAC..... <input type="checkbox"/> WHIPSTOCK..... <input type="checkbox"/> CEMENT SQUEEZE..... <input type="checkbox"/> OTHER..... <input checked="" type="checkbox"/> 2
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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	1	2 \$/BBL	10.00
WATER.....BWPD	3	10	
GAS.....MCFD	8	200 \$/MCF	1.65
OTHER . /DAY	0	0 \$/UNIT	0.00

EXPECTED PAYOUT 5.4 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 Dakota well is a low producer. Limited entry into intervals and high tubing are contributing to fluid build-up.

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 _____

<p>REPAIR RESULT SUCCESS <input type="checkbox"/> FAILURE <input type="checkbox"/></p> <p>DATE REPAIR COMPLETED MO. DAY YR.</p> <p>GROSS PRODUCTION DURING PAYOUT</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">OIL.....BOPD</td> <td style="width: 50%;">GAS.....MCFD</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>WATER.....BWPD</td> <td>OTHER..... /DAY</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>GROSS INJECTION</p> <p>RATE.....BPD OR MCFD <div style="border: 1px solid black; padding: 2px; width: 100px;"></div></p> <p>PRESSURE.....PSIG <div style="border: 1px solid black; padding: 2px; width: 100px;"></div></p> <p>ESTIMATED FINAL GROSS COST <div style="border: 1px solid black; padding: 2px; width: 100px;"></div></p>	OIL.....BOPD	GAS.....MCFD			WATER.....BWPD	OTHER..... /DAY			<p>RECOMMENDED DATE</p> <div style="border: 1px solid black; height: 150px; margin-top: 20px;"></div> <p style="text-align: center;">AUTHORIZED</p> <div style="text-align: center; margin-top: 10px;"> </div> <p style="text-align: right;">MO. DAY YR. <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 11 94</div></p>
OIL.....BOPD	GAS.....MCFD								
WATER.....BWPD	OTHER..... /DAY								