

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

SUNDRY NOTICES AND REPORTS ON WELLS 7 PM 1:06

5. Lease Designation & Serial No.
SF - 078197
6. If Indian, Allottee or ^{Lease} -
7. Unit Agreement Name
-
8. Farm or Lease Name
Nye
9. Well No.
1
10. Field and Pool, or Wildcat Basin
Basin Dakota
11. Sec. T,R,M or BLK and Survey or Area
Section 8, T29N, R10W NMPM
12. County, Parish
San Juan
13. State
N. Mexico

1. Oil Well Gas Well Other
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
2. Name of Operator
MOBIL OIL CORPORATION
3. Address of Operator
P. O. DRAWER 6, CORTEZ, CO. 81321
4. Location of Well
1450' FSL, 990' FWL
14. Permit No.
15. Elevations (DF, RT, GR)
DF: 5961'

RECEIVED
MAR 1 1988
OIL CON. DIV.
DIST. 3

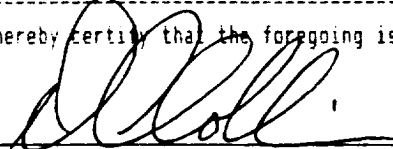
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

Notice of Intention To:		Subsequent Report of:	
Test Water Shut-off <input type="checkbox"/>	Pull or Alter Casing <input type="checkbox"/>	Water Shut-off <input type="checkbox"/>	Repairing Well <input checked="" type="checkbox"/>
Fracture Treat <input type="checkbox"/>	Multiple Complete <input type="checkbox"/>	Fracture Treatment <input type="checkbox"/>	Altering Casing <input type="checkbox"/>
Shoot or Acidize <input type="checkbox"/>	Abandonment <input type="checkbox"/>	Shooting/Acidizing <input checked="" type="checkbox"/>	Abandonment <input type="checkbox"/>
Repair Well <input type="checkbox"/>	Change Plans <input type="checkbox"/>	(Other) <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 zone pertinent to this work) :

- 01-28-88 MIRU. PGOH w/ 1-1/4" tbg. Found crimped jt 42 jts down. Replaced bottom 8 jts - plugged w/ scale and salt.
- 01-29-88 SD
- 01-30-88 RIH w/ tubing. ND BOPs. NU tree. Began swabbing from SN. Recovered only 200' fluid per run.
- 01-31-88 SD for Sunda.
- 02-01-88 Made two swab runs and RI.
- 02-12-88 MIRU swab unit. Attempted to acidize well. Tubing plugged. Made four swab runs w/ little recovery. Lost swab and 400' line on last run. RD swab unit.
- 02-15-88 MIRU pulling unit.
- 02-16-88 Bled down csg. ND tree. NU BOPs. PGOH w/ tbg. Recovered swab and line. RIH w/ tbg. Tagged fill @ 6610'.
(Continued on Attached Sheet)

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

Signed:  Title: Sr Staff Operations Engr Date: March 4, 1988
D. C. Collins

ACCEPTED FOR RECORD

(This space for Federal or State office use)
APPROVED BY _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY: _____
BY KH

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.

NM000

NYE No. 1

- 02-17-88 POOH. RIH w/ sandline pump. No recovery.
- 02-18-88 PU 2-7/8" tbg. RIH w/ bailer. No fluid in hole - could not pick up any fill.
- 02-19-88 RIH w/ bit and 5-1/2" casing scraper. DO scale on csg wall to 6623'. Csg collapsed. POOH. RIH w/ bailer. No recovery.
- 02-20-88 RIH w/ 1-1/4" prod tbg. ND BOPs. NU tree.
- 02-21-88 SD for Sunday.
- 02-22-88 Treated well with 1000 gals 15% HCl. Attempted to swab well. Lost cups in tbg. POOH w/ tbg and recovered swab cups. Ran back in hole w/ tbg.
- 02-23-88 Swabbed on well. No recovery. RDMQ.