## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

GAS  7. Unit Agreement Ne  8. Well Name & Number Saiz #1  8. Well Name & Number Saiz #1  9. API Well No. 30-045-12002  4. Location of Well, Footage, Sec., T, R, M  10. Field and Pool Basin Dakota 11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X. Notice of Intent  Abandomment  Recompletion  New Construction  New Construction  New Construction  Non-Routine Fracturing  Casing Repair  Altering Casing  Conversion to Injection  X. Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECETIVED  APR - 4 1997  ONL GONG DIVE  DISTO 3	Sundry Notices and Reports on Wells		
1. Type of Well GAS  7. Unit Agreement No.  2. Name of Operator  **RESCURCES***  OIL & GAS COMPANY  3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T. R. M. 10. 1840'FSL, 2310'FWL, Sec. 20, T-29-N, R-11-W, NMPM  11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER Sain Dakota  11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER San Juan Co, NM  13. Notice of Intent Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection X. Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEMBER  14. Thereby certify that the foregoing is true and correct.  Signed May Malface (MM2) Title Regulatory Administrator Date 3/24/97  (This page for Eaders) or State Office use) 2 conversion to Date 3/24/97  (This page for Eaders) or State Office use) 2 conversion to Date 3/24/97		5.	
Name of Operator  RESOURCES  OIL & GAS COMPANY  3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T. R. M 1840'FSL, 2310'FWL, Sec.20, T-29-N, R-11-W, NMPM 1840'FSL, 2310'FWL, Sec.20, T-29-N, R-11-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Non-Routine Fracturing Casing Repair Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injection Nother - Tubing repair  13. Describe Proposed or Completed Operations It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEMBER  14. Thereby certify that the foregoing is true and correct.  Signed  (KM2) Title Regulatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97  (Chil. Thereby Correction of Completed Operatory Administrator Date 3/24/97	1. Type of Well GAS	6.	, · -
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 1840'FSL, 2310'FWL, Sec.20, T-29-N, R-11-W, NMPM 11. Cleck Appropriate Box to Indicate Nature of Notice, Report, Other Data Type of Submission X Notice of Intent Recompletion Subsequent Report Pinal Abandonment Altering Casing Pinal Abandonment X Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENVE  APR - 4 1997  OUL COMO DIVO  APR - 4 1997  APR - 4 1997  OUL COMO DIVO  APR - 4 1997  OUL COMO DIVO  APR - 4 1997		7.	Unit Agreement Na
8. Well Name & Number Saiz #1  PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1840'FSL, 2310'FWL, Sec. 20, T-29-N, R-11-W, NMPM Basin Dakota 11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action	2. Name of Operator		
8. Well Name & Number Saiz #1  PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T. R. M  10. Field and Pool Basin Dakota  11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Abandonment  Plugging Back  Casing Repair  Plugging Back  Altering Casing  Conversion to Injection  X Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENSE  OFFICE OFFICE APPROPRIATE SAID AND ADDITIONAL STATES AND ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID AND ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL SAID ADDITIONAL SAID AND ADDITIONAL SAID ADDITIONAL	RESOURCES OF CAS COMPANY		
PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Basin Dakota 11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  Type of Action  X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Casing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENTED  APR - 4 1997  ONL CONO.  CRM2) Title Regulatory Administrator Date 3/24/97  (This page for Ederal or State Office use)	OIL & GAS COMPANI	8.	Well Name & Numbe
30-045-12002  4. Location of Well, Footage, Sec., T. R. M 1840'FSL, 2310'FWL, Sec.20, T-29-N, R-11-W, NMPM  10. Field and Pool Basin Dakota 11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENTED  APR - 4 1937  OTT GONO  DISTO 3  14. Thereby certify that the foregoing is true and correct.  Signed  Matheway  Matheway  (KM2) Title Regulatory Administrator Date 3/24/97  (Chis space for Ederal or State Office use)	3. Address & Phone No. of Operator		Saiz #1
10. Field and Pool 1840'FSL, 2310'FWL, Sec.20, T-29-N, R-11-W, NMPM  11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  Type of Action  X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Casing Repair Sinal Abandonment Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CONO  IN Field and Pool Basin Dakota 11. County and State San Juan Co, NM  Abandonment Change of Plans New Construction New	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	
Basin Dakota  11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Basin Dakota  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  Type of Action  Abandonment  Recompletion  New Construction  Non-Routine Fracturing  Casing Repair  Water Shut off  Altering Casing  Conversion to Injection  X Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENSE  APR - 4 1937  OTT GOING  (KM2) Title Requiatory Administrator Date 3/24/97  (KM2) Title Requiatory Administrator Date 3/24/97  (KM2) Title Requiatory Administrator Date 3/24/97	/ Location of Woll Footage Cod T P W	10	
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  _X_ Notice of Intent  _ Abandonment  _ Recompletion  _ Subsequent Report  _ Plugging Back  _ Non-Routine Fracturing  _ Casing Repair  _ Water Shut off  _ Final Abandonment  _ Altering Casing _ Conversion to Injection  _ X_ Other - Tubing repair   13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECE VE  APR - 4 1997  OCC _ CONo DEV.  14. I hereby certify that the foregoing is true and correct.  Signed Application of the Regulatory Administrator Date 3/24/97  (KM2) Title Regulatory Administrator Date 3/24/97  (Chief proposed for Federal or State Office use) _ ACC _ Administrator Date 3/24/97    Characteristics   Characterist		10.	
Type of Submission  Type of Action  X Notice of Intent  Abandonment  Recompletion  Plugging Back Non-Routine Fracturing Casing Repair  Altering Casing Conversion to Injection  X Other - Tubing repair  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECENSE  APR - 4 1997  OIL CONG DIVG DISTO 3	i.i.	11.	
Type of Submission  X Notice of Intent  Abandonment  Recompletion  New Construction  New Construction  Plugging Back  Non-Routine Fracturing  Casing Repair  Altering Casing  Conversion to Injection  X Other - Tubing repair  This intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVE  APR - 4 1997  OIL CONO DIVE  Signed Lifty Mathia the foregoing is true and correct.  Signed Lifty Mathia (KM2) Title Regulatory Administrator Date 3/24/97  This space for Eederal or State Office use)	<b>'</b>		San Juan Co, NM
Type of Submission  X Notice of Intent  Abandonment  Recompletion  New Construction  New Construction  Plugging Back  Non-Routine Fracturing  Casing Repair  Altering Casing  Conversion to Injection  X Other - Tubing repair  This intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVE  APR - 4 1997  OIL CONO DIVE  Signed Lifty Mathia the foregoing is true and correct.  Signed Lifty Mathia (KM2) Title Regulatory Administrator Date 3/24/97  This space for Eederal or State Office use)	12 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT	OTHER	DATA
X_ Notice of Intent Abandonment Change of Plans Recompletion New Construction New Construction Non-Routine Fracturing Casing Repair Water Shut off Casing Repair Water Shut off Altering Casing Conversion to Injection X_ Other - Tubing repair The space for Federal or State Office USE Altering Casing Conversion to Injection X_ Other - Tubing repair		, 0111211	
Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVE  APR - 4 1997  OIL CONO DIVO  DIVID 3		re of Pl	ans
Casing Repair Water Shut off Altering Casing Conversion to Injection X Other - Tubing repair  13. Describe Proposed or Completed Operations  It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CONO DIVO  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed Manney (KM2) Title Regulatory Administrator Date 3/24/97	Recompletion New C	onstruc	tion
Ting space for Federal or State Office use)			
This space for Federal or State Office use)			
It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CONo DIVO  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed May Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Eederal or State Office use)		ersion t	o injection
It is intended to repair the tubing in the subject well according to the attached procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CONO DIVO  DISTO 3  14. Thereby certify that the foregoing is true and correct.  Signed May Mahalla (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)	_x_ Other - Tubing Tepair		
procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CON. DIV.  DIST. 3  14. Thereby certify that the foregoing is true and correct.  Signed May Malhue (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Rederal or State Office use)	13. Describe Proposed or Completed Operations		
procedure and wellbore diagram.  DECEIVED  APR - 4 1997  OIL CON. DIV.  DIST. 3  14. Thereby certify that the foregoing is true and correct.  Signed May Malhue (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Rederal or State Office use)		2.1	
DECEIVED  APR - 4 1997  OIL CONo DIVo  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed May Malfueld (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use) 2 2 2 3 3 4 5 7			ng to the attached
APR - 4 1997  OIL CONo DIVo  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed Man Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)	procedure and wellbore dragram.	"	(*)
APR - 4 1997  OIL CONo DIVo  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed Man Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)			
APR - 4 1997  OIL CONo DIVo  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed Man Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)			
APR - 4 1997  OIL CONo DIVo  DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed Man Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)			(5) (5) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8
OIL CONO DIVO DISTO 3  14. I hereby certify that the foregoing is true and correct.  Signed May Malhee (KM2) Title Regulatory Administrator Date 3/24/97  (This space for Federal or State Office use)	ועו		
14. I hereby certify that the foregoing is true and correct.  Signed Many Malhee (KM2) Title Regulatory Administrator Date 3/24/97	UU APR - 4 1997		ia i n
14. I hereby certify that the foregoing is true and correct.  Signed Many Malhee (KM2) Title Regulatory Administrator Date 3/24/97			
14. I hereby certify that the foregoing is true and correct.  Signed Many Malhee (KM2) Title Regulatory Administrator Date 3/24/97	@[[L G@[No DUVa	,	
Signed May Malhee (KM2) Title Regulatory Administrator Date 3/24/97	DIST. 3		*
Signed May Malhee (KM2) Title Regulatory Administrator Date 3/24/97			
(This space for Federal or State Office use) 2	14. I hereby certify that the foregoing is true and correct.		
(This space for Federal or State Office use) 2	A. Sural I		
(This space for Federal or State Office use)  APPROVED BY Title A Tomas Date	Signed ////////////////////////////////////	strator	_Date 3/24/97
APPROVED BY A Sachar Title A Language Date	/This space for Rederal or State Office use) 2		ADO. A 9 8007
	APPROVED BY A A South of Title A along	Date	ALM O POSA

## WORKOVER PROCEDURE Repair Tubing

SAIZ #1

DPNO: 69275 Dakota 1840' FSL, 2310' FWL

Sec. 20, T29N, R11W, San Juan County, NM Lat/Long: 36°25.52" - 108°92.56"

Project Summary: The Saiz #1 is a house tap well. Please notify Jacob Saiz, P. O. Box 404, Bloomfield, NM 87413, before beginning any work and turn house tap off. This well has crimped tubing at approximately 3546' in addition to sand fill. A wireline run on 1/10/96 indicates that a 1-1/2" gauge ring was run to 6146' (PBTD @ 6304') and they chased the 1-1/2" tubing stop and spring to 3546'. The tubing stop got hung up, and they were unable to fish it out. We propose to drop the tubing and tag fill, POOH and rabbit the tubing in the derrick, replace bad joints as necessary, cleanout to PBTD, run 1-1/2" tubing lower in the hole and install plunger lift equipment.

- Test location rig anchors. Prepare blow pit. Comply to all NMOCD, BLM and BROGC safety regulations.
- 2. MIRU daylight PU with air package. Drop in with tubing to tag fill. Strap out of hole with 1-1/2 production tubing. Rabbit tubing in derrick and visually inspect tubing. (Tubing stop stuck in tubing at approximately 3546'). Replace bad joints as necessary.
- 3. RIH 3-7/8" bit and cleanout to PBTD (6304') with air. Continue cleanout until sand production ceases. POOH.
- 4. RIH with 1 joint 1-1/2" tubing, SN (with plunger lift spring) and 1-1/2" tubing to approximately 6244'. ND BOP, NU WH. Blow well in. Drop plunger and kick well off. RDMO PU. Turn well to production.

		Recommende	d: <u>///</u> Operations En	Millinff 3/24/97
		Approval:	Drilling Superin	ntendent
		Concur:	Production Su	perintendent
Contacts:	Operations Engineer	Kevin Midkiff	326-9807 564-1653	Office Pager
	Production Foreman	Johnny Ellis	326-9822 327-8144	Office Pager

Soud:

11/18/62

Elevation:

1st Delivered: 01/01/70 5496' KB

8/9/95:

5487' GL 2 motor valves and 1 control panel installed.

## Current -- 3/10/97

**DPNO: 69275** Dakota

1840' FSL, 2310' FWL

Unit K, Sec. 20, T29N, R11W Lat/Long: 36°25.52", 108°92.56"

