

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. <u>2552/</u> 3004525547
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Abrams "J"
8. Well No. 1
9. Pool name or Wildcat Blomfiels Car/Arm Galp
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5535 GL

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Amoco Production Company	Attention: Lois Raebrun	8. Well No. 1
3. Address of Operator P.O. Box 800 Denver Colorado 80201 (303) 830-5294	9. Pool name or Wildcat Blomfiels Car/Arm Galp		
4. Well Location Unit Letter <u>I</u> : <u>1615</u> Feet From The <u>South</u> Line and <u>1115</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>29N</u> Range <u>10W</u> NMPM San Juan County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5535 GL		

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Bradenhead ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company request permission to preform Bradenhead Repairs on the above mentioned well.

See Attachement for procedures

If you have anyu questions pleade contact Lois Raebrun (303) 830-5294

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lois Raebrun TITLE Business Asst. DATE 05-09-1994
TYPE OR PRINT NAME Lois Raebrun TELEPHONE NO. (303) 830-4457

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE MAY 13 1994
CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3004525521

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

Attention:

Lois Raebrun

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 860-5294

4. Well Location

Unit Letter

I

: 1615

Feet From The

South

Line and

1115

Feet From The

East

Line

Section

29

Township

29N

Range

10W

NMPM

San Juan

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5540' SL

7. Lease Name or Unit Agreement Name

Abrams Gas Com J

8. Well No.

1

9. Pool name or Wildcat

Bloomf'd/Ch/Arm/GP

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Bradenhead Repairs ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Productions Company request permission to preform Bradenhead Repairs on the above mentioned well.

See attachment for procedures.

If you have any questions please contact Lois Raebrun (303) 830-5294

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

Business Asst.

DATE

04-04-1994

TYPE OR PRINT NAME

Lois Raebrun

TELEPHONE NO. (303) 830-4912

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O.Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL/API NO.	30045255ZT
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Abrams Gas Com J
8. Well No.	1
9. Pool name or Wildcat	Bloomfield - Ch/Arm.-GP
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5540' GL

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	Amoco Production Company
3. Address of Operator	P.O. Box 800 Denver Colorado 80201
4. Well Location	Unit Letter I : 1615 Feet From The South Line and 1115 Feet From The East Line
Section	29 Township 29N Range 10W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5540' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: Bradenhead Repairs <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company request permission to preform Bradenhead Repairs on the above mentioned well.

See attachement for procedures.

If you have any questions please contact Lois Raeburn (303) 830-5294

RECEIVED
MAR 25 1994
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lois Raeburn TITLE Business Asst. DATE 03-22-1994

TYPE OR PRINT NAME Lois Raeburn TELEPHONE NO. (303) 830-5294

(This space for State Use)

Original Signed by **CHARLES GHOLSON**

DEPUTY OIL & GAS INSPECTOR, DIST. #3

MAR 25 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

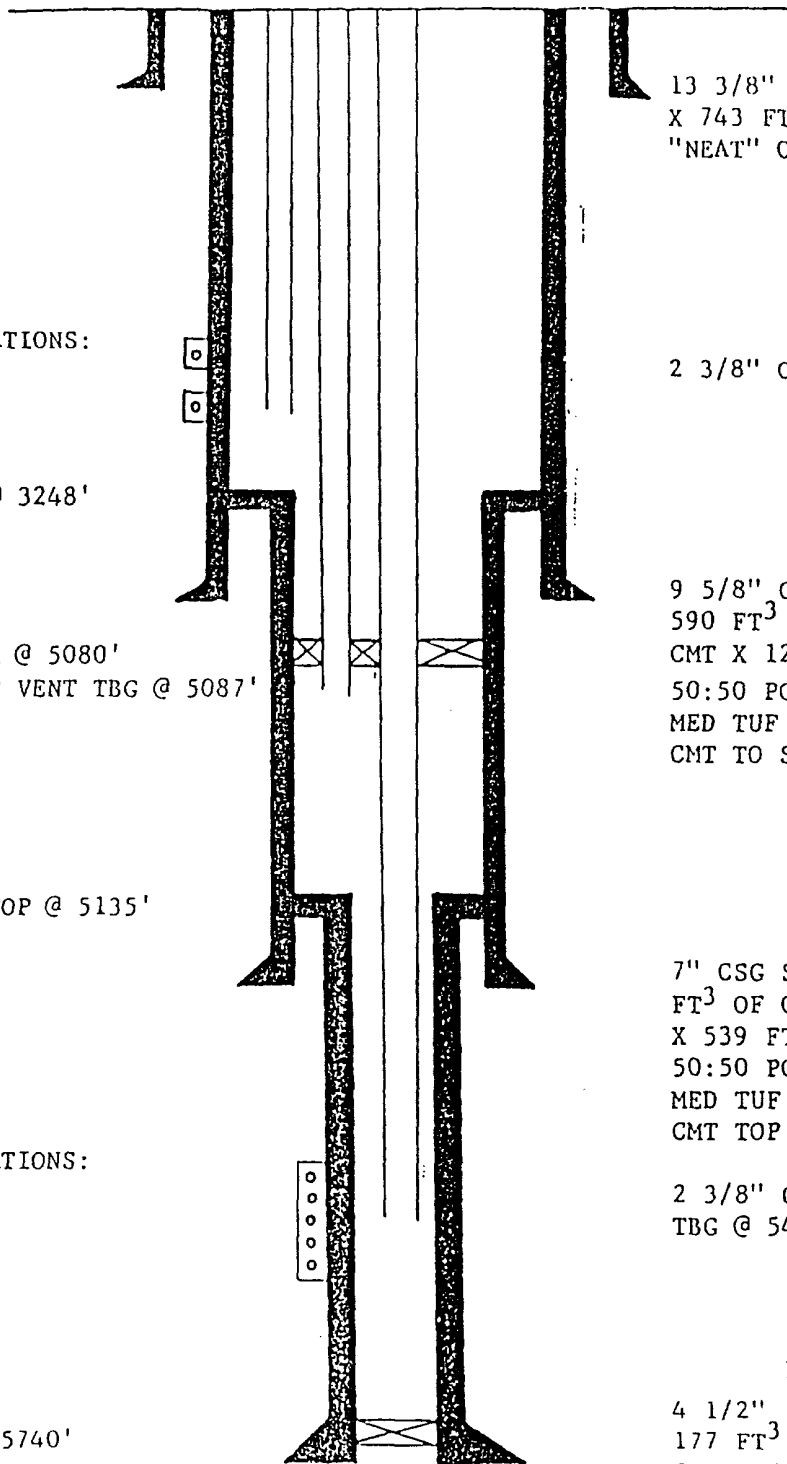
Workover Procedure
Abrams Gas Com I & J #1
Sec.29-T29N-R10W
San Juan County, NM

1. Contact Federal or State agency prior to starting repair work.
2. Catch gas and/or water sample off of bradenhead and casing, and have analyzed. * RECHECK BRADENHEAD TO CONFIRM PROBLEM
3. Install and/or test anchors.
4. MIRUSU. Check and record tubing, casing and bradenhead pressures.
5. Blow well down, kill well if necessary with 2% KCL. USE AS LITTLE KILL FLUID AS POSSIBLE
6. Nipple down well head, nipple up and pressure test BOP's.
7. Trip in the hole and tag PBTD, check for fill, trip and tally out of hole with tubing checking condition of tubing. NOT POSSIBLE... Prod PKR w/Prod. = VENT STRING
8. Trip in the hole with bit and scraper for the intermediate casing and trip in to the top of the liner. Trip out of the hole with bit and scraper. Trip in hole with second bit and scraper and run from the top of the liner to the top of the perforations. A seating nipple and standing valve may be run in order to pressure test the tubing. } 7" LINER
9. Trip in the hole with RBP and PKR. Set RBP 50-100 ft. above perforations. Trip out of hole one joint and set PKR and pressure test RBP to 1500 psi. Release PKR, spot sand on RBP and pressure test csg to 1000 psi. If no leak is found, trip out of hole with PKR and skip to step 11. OK PERFS @ 2786-2910
10. Trip out of hole isolating leak in liner, if any. If a liner leak is found, establish injection rate and check for circulation around liner top. Also, determine if there is a leak above the top of the liner. Trip out of hole with PKR.
11. Determine from well file and history, the interval a CBL needs to be run between the RBP and the surface. If a CBL is needed, run CBL over the interval necessary under 1000 psi and report results to Denver. Different size CBL tools may be required in the liner versus the intermediate casing.
12. If there are no casing leaks, skip to step 14.
13. If there is a leak in the liner and a leak above the top of the liner, trip in hole with a RBP that fits the liner and a PKR that fits the intermediate casing. Set RBP 30-60' below the top of the liner. Release PKR and trip out of hole isolating leak in the intermediate casing.
14. Based on the location of the leak, if any, and the results of the CBL, perforate casing if necessary with 4 JSPF and circulate dye if possible to determine cement volume. Depending on the depth of the hole and circulating pressure, a PKR or a cement retainer may be needed.

15. Mix and pump sufficient cement (class B or equivalent with two hour setting time) to circulate to surface, if circulation to surface is possible. Shut bradenhead valve and attempt to obtain a squeeze pressure and WOC.
16. Trip out of hole. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leaks if casing fails pressure test.
17. If cement is not circulated to the surface, it may be necessary to run another CBL (and/or temperature survey 8-10 hours after cementing) and repeat steps 14 thru 16.
18. Trip in the hole with retrieving head for RBP, circulate sand off of RBP and trip out of hole with plug.
19. If there is a leak in the liner top, trip in hole with a PKR. If there is no leak in the liner top, skip to step 22.
20. Mix and pump sufficient cement (class B or equivalent with two hour setting time) to squeeze liner top. Attempt to obtain a squeeze pressure and WOC.
21. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leak if liner top fails pressure test.
22. If there is a second RBP in the liner, trip in the hole with a retrieving head, circulate sand off of the RBP and trip out of hole with the plug.
23. If there is a leak in the liner or squeeze work is required based on the CBL, perforate casing, if necessary with 4 JSPF. Trip in hole with a cement retainer and set above the leak or perforations.
24. Mix and pump sufficient cement (class B or equivalent with two hour setting time) and attempt to obtain a squeeze pressure and WOC.
25. Trip in the hole with bit and scraper and drill out cement and pressure test casing. Re-squeeze leaks if casing fails pressure test.
26. Trip in the hole with retrieving head for RBP set in the liner, circulate sand off of RBP with 2% KCL and trip out of hole with plug.
27. Trip in hole with a sawtooth collar and/or bailer and clean out to PBTD and trip out of hole. DO NOT CLEANOUT IF SUFFICIENT RAT HOLE EXISTS BELOW
BTM PERFS 690'
28. Trip in the hole with the production string (1/2 mule shoe on bottom and a seating nipple one joint off bottom), land tubing to original depth. Nipple down BOP's, nipple up well head.
29. Swab well in and put well on production.
30. Rig down move off service unit.

OBJECTIVES :

- ① REPAIR BRADENHEAD
- ② REMOVE VENT STRING
- ③ ELIMINATE PERFORATED PRODUCTION SUBS ON CK & MV PRODUCTION STRINGS
- ④ SET PRODUCTION STRINGS @ MID PERFS
CK @ ~ 2875' RESET PROD PKR



13 3/8" CSG SET @ 315'
X 743 FT³ OF CLASS B
"NEAT" CMT TO SURFACE

CHACRA PERFORATIONS:
2786'-2802'
2876'-2910'

2 3/8" CHACRA TBG @ 2887'

7" LINER TOP @ 3248'

PRODUCTION PKR @ 5080'
2 1/16" GALLUP VENT TBG @ 5087'

9 5/8" CSG SET @ 3454' X
590 FT³ OF CLASS B "NEAT"
CMT X 1232 FT³ OF CLASS B
50:50 POZ, 6% GEL X 2%
MED TUF PLUG X .8% FLA.
CMT TO SURFACE.

4 1/2" LINER TOP @ 5135'

7" CSG SET @ 5304' X 118
FT³ OF CLASS B "NEAT" CMT
X 539 FT³ OF CLASS B
50:50 POZ, 6% GEL X 2%
MED TUF PLUG X .8% FLA.
CMT TOP @ 3248'

GALLUP PERFORATIONS:
5314'-5690'

2 3/8" GALLUP PRODUCTION
TBG @ 5490'

BRIDGE PLUG @ 5740'
TD 5778'
PBD 5740'

LINER
4 1/2" SET @ 5763' X
177 FT³ OF CLASS B "NEAT"
CMT. CMT TO 5135'

CENTRALIZERS SET ABOVE FLOAT AND SHOE AND EVERY OTHER JOINT AT THE FOLLOWING
INTERVALS: 3430'-3210'.

Amoco Production Company

SCALE:

ADDENDUM GAS CON "1" & "1" NO 1

DATE:

Amoco Production Company
WELL REPAIR AUTHORIZATION AND REPORT

ORIGINAL BLANK
CORRECTION # ☐
DELETION # ☐
FLAG (WELL) NO
846026
HORIZON CODE
☐
CONTROL DATE
MO DAY YR
☐ ☐ ☐

LEASE/UNIT NAME AND WELL NUMBER Abrams J #1		HORIZON NAME CH/GP	
FIELD Bloomf'd-CH/Arm.-GP		COUNTY San Juan	STATE New Mexico
OPERATOR Amoco	OPERATIONS CENTER/DIVISION SJOC	ELEVATION 5535	ELE. REFERENCE PT GL
LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		T.D. 5778	LOCATION 29I-29N-10W
AMOCO WORKING INTEREST 1.000		OTHER WORKING INTERESTS NONE	
AMOCO NET INTEREST 0.875		TOTAL REPAIR HORIZONS <input type="checkbox"/>	STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>
		PRODUCTION INCREASE 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"/>	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 type="checkbox"/>	WHIPSTOCK..... <input type="checkbox"/>
PLUG BACK..... <input type="checkbox"/>	PERFORATE..... <input type="checkbox"/>	CEMENT SQUEEZE..... <input checked="" type="checkbox"/>
WASHING SAND..... <input 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... **0** DIVISION REPAIR CODE **0**

GROSS PRODUCTION

	BEFORE	ANTICIPATED	UNIT PRICE
K. OIL.....BOPD	0	10	\$/BBL 19.15
L. WATER.....BWPD	0	0	
M. GAS.....MCFD	0	150	\$/MCF 1.65
N. OTHER...../DAY	0	0	\$/UNIT 0.00

ESTIMATED COST

INTANGIBLES

RIG COST	14000.00
EQUIPMENT RENTAL	1400.00
CIRCULATING EQUIPMENT	1400.00
CEMENT AND SERVICE	6500.00
PACKERS AND EQUIPMENT	3800.00
PERFORATE,LOG,WIRELINE	3800.00
STIMULATION	0.00
LABOR	5600.00
SPECIAL EQUIPMENT	0.00
FISHING	0.00
OTHER INTANGIBLES	4000.00
TOTAL INTANGIBLES	40500.00

TANGIBLES

CSG., TBG., HEAD, ETC.	2000.00
TOTAL GROSS COST	42500.00
AMOCO WORKING INTEREST COST	42500.00

EXPECTED PAYOUT **6.0** MONTHS

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"/>
--------------------------------	------------------------------	------------------------------	------------------------------	--------------------------------	--------------------------------

BEFORE ANTICIPATED

R. RATE.....BPD OR MCFD	0	0
S. PRESSURE.....PSIG	0	0

REASON FOR WORK

To ensure zonal isolation behind casing.

Gross costs charged as follows:

\$12,325	7647-18	DRA
Remainder	9999-01	Repair Well

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 _____

REPAIR RESULT SUCCESS ☐ FAILURE ☐

DATE REPAIR COMPLETED MO. DAY YR.

GROSS PRODUCTION DURING PAYOUT

U. OIL.....BOPD	0	GAS.....MCFD	0
W. WATER.....BWPD	0	OTHER...../DAY	0

GROSS INJECTION

Y. RATE.....BPD OR MCFD	0	PRESSURE.....PSIG	0
Z. ESTIMATED FINAL GROSS COST	0		

RECOMMENDED DATE

Mike Kutas **02-24-94**

AUTHORIZED

[Signature] MO. DAY YR. **03 21 94**