

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. SF-078139
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
Attention E. R. Nicholson		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, CO 80201 (303) 830-5014		8. Well Name and No. Elliot Gas Com L #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 33, T30N, R9W 1190' FNL, 850' FEL		9. API Well No. 30-045-09035
		10. Field and Pool, or Exploratory Area Blanco PC
		11. County or Parish, State San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Bradenhead Repair</u>
	<input type="checkbox"/> Change of Plane
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion in 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.)

Move in and rig up on 1/8/92. TIH set bridge plug at 2380. Pull up and set paker at 2340 - Pressure test to 1500 psi, OK. Pressure up on backside to 800 psi. - broke and feeding at 500 psi. Set paker at 1774 - pressure test to 1500 psi - OK. Set paker at 1145 - test to 1500 psi - OK. Set paker at 830 - pressure test to 1500 psi - OK. Set paker at 514 - pressure test to 1500 psi - OK. Set paker at 263 - pressure test to 1500 psi - No go, feeding at 2 BPM at 1000 psi - Pump 20 BBLS with no returns up bradenhead. Continue to isolate hole. Appears multiple holes between 355 and 416. Pull paker. Run CBL-VDL-GRP-CCL log from 2370 to surface. Excellent bond from 2370 to 340. No CMT from 340-60. Good bond from 60 to surface. Run caliper log from 2370 to surface. Pipe ok from 2370-450. From 450 to surface, very poor. Discussed with Charles Goulson (State) to pump 200 sax Oilwell B plus 2% Calcium down 4 1/2 casing and displace to 300 Ft. - OK. Mix and pump 100 sax Oilwell B plus 2% calcium pressure increase 1500 psi. Start displacement and pump 2.25 BBLS. Cement locked up. Bradenhead pressure 50 psi. Make up 3 7/8 bit on 3 1/8 collars and TIH. Tag cement at 70. Drill to depth of 274. Total of 204 ft. drilled. Check bradenhead. 5 psi open same, bled off immediately. Drill cmt to depth of 395 ft. Circ hole clean. Pressure casing to 500 psi for 15 min - OK. Check bradenhead (No pressure). Circ sand off of Ret bridge plug. Latch onto same and release. TOH and remove plug OK. Attempt to load hole - no go. TIH with bailer and tag fill 2449 (Btm perf 2449). Unable to clean out. No fluid. Pmp down backside and work bailer. Bail total of 19 ft. PBTB now at 2468. TOH with bailer. Run prod tbg. TBG bottom 2436.78 KB seating nipple 2403.38. Rig up swab equip, recovery of 6 BBLS. Well flowing. Flowed 11 BBLS. Fluid level at 1800 ft. Release rig 1/15/92.

If you have any questions please call E. R. Nicholson at 303-830-5014

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

Signed E. R. Nicholson Title Sty. Adm. Analyst Date 2-22-93
(This space for Federal or State office use)

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