

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>H & S PRODUCTION</u>	8. FARM OR LEASE NAME <u>MALCO COPPLE A</u>
3. ADDRESS OF OPERATOR <u>339 U.S. HWY 64 NBY 3002 FARMINGTON,</u>	9. WELL NO. <u>1-A</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>TOWNSHIP 30 NORTH, RANGE 15 WEST, SECTION 4, N 2 containing 87401</u>	10. FIELD AND POOL, OR WILDCAT <u>VERDE GALLUP</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>6601N 1980W 320 ACRES, SAN JUAN COUNTY, NEW MEXICO</u>	12. COUNTY OR PARISH <u>SAN JUAN N.M.</u>
14. PERMIT NO.	13. STATE <u>N.M.</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5445</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANT ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☒

ALTERING CASING ☐

ABANDONMENT* ☐

(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 zones pertinent to this work.)*

5-6-90 Squeeze hole in pipe @ 3417 vert'
45 sacks class "G" mat, 86 cu. ft
AS per attached Report

RECEIVED

JUL 18 1990

OIL CON. DIV
EXT. 3

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 16 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

DS-496 PRINTED IN U.S.A.

TREATMENT NUMBER	75-06-3060	DATE	6-6-90
STAGE	DS	DISTRICT	FNGTON.

WELL NAME AND NO.	LOCATION (LEGAL)	RIG NAME
MALCO Copple 1-A	Sec 4 T30N R15W	Cable Tool UNIT (DeVilbiss)
FIELD POOL	FORMATION	WELL DATA
Horseshoe Horse shoe	Gallup.	BIT SIZE
COUNTY/PARISH	STATE	CSG/Liner Size
SAN JUAN.	N. MEX	5 1/2
NAME	API. NO.	TOTAL DEPTH
H & S Production.		WEIGHT
AND		13.5
ADDRESS		☐ ROT ☐ CABLE
		FOOTAGE
		MUD TYPE
		GRADE
		LINEAR TOP.
		☐ BHST
		THREAD
		MUD DENSITY
		LESS FOOTAGE
		SHOE JOINT(S)
		MUD VISC.
		Disp. Capacity
		TOTAL
		NOTE: Include Footage From Ground Level To Head In Disp. Capacity

SPECIAL INSTRUCTIONS	ZIP CODE
Linear top at 3571. displace 5 1/2 plug to same - note hole CSG around 3000' Mix 755X + pump. Hole at 3417. displace w/ 79 3/4 BBLs. water	
IS CASING/TUBING SECURED?	☐ YES ☒ NO
LIFT PRESSURE	PSI
CASING WEIGHT - SURFACE AREA	(3.14 x R ²)
PRESSURE LIMIT	1000 PSI
BUMP PLUG TO	PSI
ROTATE	RPM
RECIPROCAT	FT
No. of Centralizers	
JOB SCHEDULED FOR TIME	DATE
0900	6-6-90
ARRIVE ON LOCATION TIME	DATE
0815	6-6-90
LEFT LOCATION TIME	DATE

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR TIME	DATE	ARRIVE ON LOCATION TIME	DATE	LEFT LOCATION TIME	DATE
TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY		
0901 to 2400								
815-900								
0945	60			1.5	H ₂ O	8.3		
0948	600	1.9		"	"	"		
0950		1.9		2.9	H ₂ O	8.3		
1013	570	60	58.1	2.9	"	"		
1212	460				H ₂ O	8.3		
1219	540	86			"	"		
1254								
1312	230	2		2.9	H ₂ O	8.3		
1314	530			2.8	C/G	15.8		
1319	420	15		2.8	"	"		
1333	150			2.9	H ₂ O	8.3		
1403	610			2.7	"	"		
1408	300							

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED BBLs	DENSITY
1.	85	1.15	4/6 NEAT.	86 cuft 5 1/2 cuft.	15.8
2.					
3.					
4.					
5.					
6.					

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE
☐ HESITATION SQ.	☐ RUNNING SQ.	☐ YES ☐ NO	MAX. 610 MIN. 60
CIRCULATION LOST	DISPLACEMENT VOL	Bbls	TYPE OF WELL
☐ YES ☐ NO	MEASURED DISPLACEMENT	WIRELINE	☐ OIL ☐ GAS ☐ STORAGE ☐ INJECTION ☐ BRINE WATER ☐ WILDCAT
PERFORATIONS	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR
TO Hole 3417 TO			Villanueva