

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

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.

3004522279

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Elliott Gas Com /F/

8. Well No.

1A

9. Pool name or Wildcat

Blanco Mesaverde

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:

Mike Curry

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 830-4075

4. Well Location

Unit Letter

P

: 1244

Feet From The

South

Line and

820

Feet From The

East

Line

Section

33

Township

30N

Range

9W

NMPM

San Juan

County

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

5694' KB

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: Casing Repair

☒

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.

Check for casing leak and repair if necessary.

RECEIVED  
MAY 13 1993  
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

*Mike Curry*

TITLE

Business Analyst

DATE

05-07-1993

TYPE OR PRINT NAME

Mike Curry

TELEPHONE NO. (303) 830-4075

(This space for State Use)

APPROVED BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

DATE

MAY 13 1993

CONDITIONS OF APPROVAL, IF ANY:

LOGGING CHART

WELL NO.

ELLIOTT GAS COM F#1A

33P-30N-9W

SINGLE MV

COMP 12/76, 5681' 6L

PL 2334  
 CH 3944  
 MN 4119  
 PL 4569

9 5/8" 32.3 H40 CSA 256'  
 CNT TO SURF

\*POALED 100 SX  
 DOWN BROWHEAD

1 SPF:

3934-38  
 3952-83  
 3993-4060  
 4084-94  
 4101-14  
 4180-84  
 4112  
 4275-79  
 4338-42  
 4413-24  
 4498-4507  
 4539  
 4556-92  
 4600-24  
 4638-70  
 4677-82  
 4695  
 4706  
 4760-62

TOP OF 4 1/2" LSA 2523'

7" 20# K55 CSA 2725'  
 TOC UNKNOWN

2 3/8" TLA 4762'

4 1/2" 10.5# K55 CSA 4850'

TD 4850'  
 PB TD 4804'

**ELLIOTT GAS COM F #1A  
SEC 33P-30N-9W**

**WORKOVER PROCEDURES**

**OBJECTIVE:** Check for casing leak and repair if necessary.

1. Note casing, tubing and bradenhead pressures.
2. Test anchors. Install if necessary.
3. MIRUSU.
4. Blow well down. Kill w/2% KCL water if necessary.
5. NDWH. NOBOP.
6. Pick up tbg and tag PBTD.
7. Tally OOH w/2-3/8" tbg. Visually inspect and replace bad joints as needed.
8. TIH w/scrapper to top of 4-1/2" liner. POOH.
9. TIH w/4-1/2" scraper to 3875.' POOH.
10. TIH w/RBP x Pkr. Set RBP at 3850. Pull up one stand x set pkr x pressure test RBP to 1000#.
11. Test backside to 1000#.
12. Contact Sandi Braun w/results of pressure test. If casing does not test isolate leak and establish rate and pressure. Check for circulation to surface.
13. Additional procedures will follow based on results.

ELLIOTT GAS M F 1A  
OPERATOR : AMOCO PRODUCTION CO  
WELL: 30045227900:MV

