

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. LEASE DESIGNATION AND SERIAL NO. NM-012647	
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, Colorado 80155		8. FARM OR LEASE NAME Riddle D LS	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1100' FNL, 810' FWL		9. WELL NO. 4A	
10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec. 22, T31N, R9W	
12. PERMIT NO. 30-045-22488		13. COUNTY OR PARISH San Juan	
14. ELEVATIONS (Show whether to, ft, m, etc.) 6239' GL		15. STATE New Mexico	

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANE ☐

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 and 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.)*

Riddle D LS 4A

12/17/86 - MIRUSU. ND pumping tee. Unseat pump. POOH w/rods and pump. Kill well with 1% KCL. NDWH. NUBOP. RIH and tagged up. Tallied out of the hole. Have 67' of fill. Picked up 4-1/2" Model "B" lok-set RBP and 4-1/2" packer. RIH with 4800'. RBP would not set. Had something in the slips. POOH w/RBP, pkr and tbgr. RIH w/new RBP and packer and set RBP at 4800'. Pulled up 1 std and PT to 1250 psi, held ok. Come up to 3375', set the packer. Tested to 4-1/2 to 1000 psi, held ok. POOH w/4-1/2 pkr. RIH w/7" pkr. Set the pkr at 1135'. Tested the old squeeze from 1053-1115. BS pressure 1250, held ok. Tested down hole, casing taking fluid 2-1/2 BPM at 1000 psi. Run in to 1240' and set pkr. Pumped down tbgr @ 1000# 2-1/2 BPM. Released the pkr and SDON.

Continued on next page

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OIL CON. DIV.]

DIST. 3

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

SIGNED [Signature]

TITLE Administrative Analyst II DATE 12/23/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 01 1986

FARMINGTON RESOURCE AREA

RV

*See Instructions on Reverse Side

NMOCC

Continued from page 1

- 12/18/86 - Isolate csg leak at 1390'. Established rate at 2-1/2 BPM and 1000 psi. Circulated sand down, to RBP. PU packer to 1137'. PT backside to 1000 psi. Squeeze casing with 100 sx Class "B" 2% CACL. Got a walking squeeze with 87 sx behind casing. Max Pressure 1500 psi. SD. Check for flow back. Released packer and POOH with tubing & packer. Repressured squeeze to 1000 psi. SDON.
- 12/19/86 - RIH w/6-1/4 bit and tbg. Tag cement, broke circulation, drilled out squeeze. Circulated clean. PT to 750 psi, held ok. POOH w/bit and tbg. RIH w/bit and casing scraper. Run scraper thru the squeeze zone. POOH w/tbg and scraper. RIH w/tbg and retrieving head. Tag sand fill on top of BP at 4790'. CO to RBP w/foam. Released the plug and POOH w/RBP and tbg. RIH w/tbg, SN, perforated sub. Tag sand fill at 5630'. CO to PBTD w/foam. Picked up and landed tbg at 5620'. SN 1 jt of bottom. NDBOP, NUWH. SDON.
- 12/20/86 - RIH w/rods and pump. Seat pump. Spaced out. Load hole and PT to 500 psi, held ok. RDMOSU.

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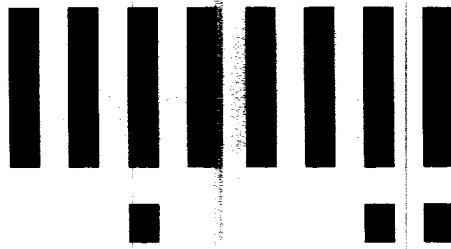
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

DRAWN [Signature] TITLE Administrative Analyst II DATE 12/23/86

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

[Signature]



LTR



Job separation sheet

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company		Well API No. 3004522488
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155		

II. DESCRIPTION OF WELL AND LEASE

Lease Name RIDDLE D LS	Well No. 4A	Pool Name, including Formation BLANCO (MESAVERDE)	FEDERAL	Lease No. NM012647
Location Unit Letter D : 1100 Feet From The FNL Line and 810 Feet From The FWL Line Section 22 Township 31N Range 9W , NMPM , SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. L. Hampton
Signature
J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name Title
January 16, 1989 303-830-5025
Date Telephone No.

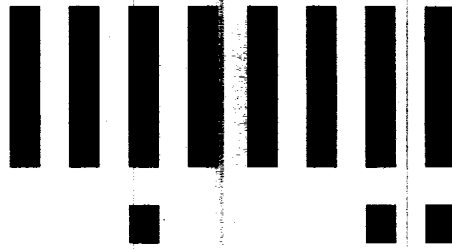
OIL CONSERVATION DIVISION

Date Approved **MAY 18 1989**

By *[Signature]*
SUPERVISION DISTRICT # 3
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-1135
Expires September 30, 1990

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

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA Agreement Designation
2. Name of Operator Amoco Production Company Attn: John Hampton	8. Well Name and No. Riddle D LS #4A
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201	9. API Well No. 30-045-1060400
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1100' FNL, 810' FWL, Sec. 22-31N-9W	10. Field and Pool, or Exploratory Area Blanco Mesaverde
	11. County or Parish, State San Juan, New Mexico

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

OCT 1 1990
OIL CON. DIV.
DIST. 3

check for casing leak

Note: Report results of multiple completion on 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.)

Amoco Production Company checked for casing leak using the following procedure on the subject well. 9/11/90.

1. Set BP @ 4800'.
2. Set pkr @ 4780'.
3. Pr tst BP to 1000 psi, held.
4. Pr tst csg to 1000 psi for 15 min. Held.
5. Retrieve BP @ 4800', release pkr.
6. Set pkr @ 4800'.
7. Spot 500 gals methanol & 10 gal frac foam I surfactants into FM 5662'-4899' @ est rate of 6.5 bpm @ 1200 psi (max pr 1200 psi).
8. Release pkr.
9. Land 2 3/8" tubing @ 5606'.
10. Pmp 15000 SCF N2 dn tbg at 6.0 bpm @ 1100 psi.
11. Release well to prod.
12. Well did not flow, attempt to flw tst well.
13. No show of oil or gas.
14. Swab. Small show of gas, no oil.
15. Well SI for further evaluation.

ACCEPTED FOR RECORD

SEP 27 1990

FARMINGTON RESOURCE AREA

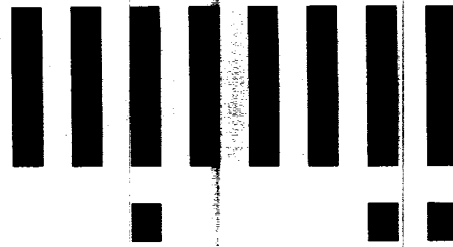
14. I hereby certify that the foregoing is true and correct

Signed J. Hampton Title Sr. Staff Admin. Supv. Date 9/16/90

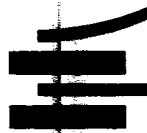
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____



LTR



Job separation sheet

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452248800
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name RIDDLE D LS	Well No. 4A	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 1100 Feet From The FNL Line and 810 Feet From The FWL Line Section 22 Township 31N Range 9W , NMPM , SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

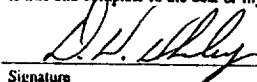
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hrs.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Oil - MCF

GAS WELL

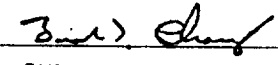
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
Date **July 5, 1990** Telephone No. **303-830-4280**

OIL CONSERVATION DIVISION

Date Approved **AUG 23 1990**
By 
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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