

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
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator Attention:
Amoco Production Company Lois Raeburn

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201 (303) 830-5294

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
860 FNL 1550FWL Sec. 14 T 30N R 13W

5. Lease Designation and Serial No.

NM-0546

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Taft Gas Com 1E

9. API Well No.
3004525622

10. Field and Pool, or Exploratory Area
Basin Dakota

11. County or Parish, State
San Juan Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 <u>Clean out</u>	<input type="checkbox"/> Dispose Water

(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 request permission to clean out the above named well, to increase production.

See attached procedures

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

RECEIVED
MAY 19 1994
OIL CON. DIV.
DIST. 8

14. I hereby certify that the foregoing is true and correct
Signed Lois Raeburn Title Business Asst. Date 05-06-1994

(This space for Federal or State office use)

Approved by _____ Title _____ Date 05-13-1994
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Amoco Production Company

WELL REPAIR AUTHORIZATION AND REPORT

HVI #: 3001525622
NM + 0546

ORIGINAL BLANK	<input type="checkbox"/>
CORRECTION	6
DELETION	9
FLAC (WELL) NO.	8,4,6,0,9,3
HORIZON CODE	0.1
CONTROL DATE	MO. DAY YR.

LEASE/UNIT NAME AND WELL NUMBER Taft Gas Com 1E		HORIZON NAME Dakota	
FIELD Basin Dakota	COUNTY San Juan	STATE NM	
OPERATOR Amoco	OPERATIONS CENTER/DIVISION SJOC/SRAU	ELEVATION GL 5828	ELE. REFERENCE PT. KB 5841
LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	T.D. 6601	P.B.T.D. 6558	LOCATION Sec 14 - T30N - R13W

A. WORKING INTEREST Amoco	OTHER WORKING INTERESTS
B. NET INTEREST Amoco	TOTAL REPAIR HORIZONS 1 STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/> PRODUCTION INCREASE EXPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2)

C. CONVERT TO INJECTION <input type="checkbox"/>	CONVERT TO PROD. <input type="checkbox"/>	DEEPEN <input type="checkbox"/>
D. WATER FRAC <input type="checkbox"/>	OIL FRAC <input type="checkbox"/>	ACID FRAC <input type="checkbox"/>
E. ACIDIZE <input type="checkbox"/>	REPAIR CASING <input type="checkbox"/>	WHIPSTOCK <input type="checkbox"/>
F. PLUG BACK <input type="checkbox"/>	PERFORATE <input type="checkbox"/>	CEMENT SQUEEZE <input type="checkbox"/>
G. WASHING SAND <input type="checkbox"/>	SAND CONTROL <input type="checkbox"/>	OTHER <input type="checkbox"/>
H. SET LINER OR SCREEN <input type="checkbox"/>	PULL LINER OR SCREEN <input type="checkbox"/>	

I. TREATING VOLUME - GAL. DIVISION REPAIR CODE

ESTIMATED COST

INTANGIBLES

RIG COST	\$ 4000
EQUIPMENT RENTAL	
CIRCULATING MEDIA	3000
CEMENT AND SERVICE	
PACKERS AND EQUIPMENT	
PERFORATE, LOG, WIRELINE	
STIMULATION	
LABOR	
SPECIAL EQUIPMENT	
FISHING	
OTHER INTANGIBLES	1000
TOTAL INTANGIBLES	\$ 8000

GROSS PRODUCTION

	BEFORE	ANTICIPATED	UNIT PRICE
K. OIL BOPD	<input type="text"/>	<input type="text"/>	\$/BBL <input type="text"/>
L. WATER BWPD	<input type="text"/>	<input type="text"/>	
M. GAS MCFD	100	150	\$/MCF 1.50
N. OTHER /DAY	<input type="text"/>	<input type="text"/>	\$/UNIT <input type="text"/>

TANGIBLES

CSG., TBG., HEAD, ETC.	\$ 0
TOTAL GROSS COST	\$ 8000
Amoco WORKING INTEREST COST	\$ 6525

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	<input type="text"/>	<input type="text"/>			
S. PRESSURE PSIG	<input type="text"/>	<input type="text"/>			

REASON FOR WORK *Increase production*

1. CO fill to PBTD of 6558' with N2.