

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. NM-013685
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface: 1210' FSL 660' FWL BHL: 1210' FSL 840' FWL		8. Well Name and No. Dawson Gas Com #1
Attention: Patty Haeefe		9. API Well No. 30-045-27336
(303) 830-4988		10. Field and Pool, or Exploratory Area Basin Fruitland Coal Gas
Sec. 31 T 31N R 8W		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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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>Recavitation</u>
	<input type="checkbox"/> Change of Plans
	<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 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 intends to recavitate the subject well per the attached procedures.

RECEIVED
FEB - 8 1995
OIL CON. DIV.
DIST. 3

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

Signed Patty Haeefe Title Business Associate Date 1/31/95

(This space for Federal or State office use)

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

NMOCD

APPROVED

FEB 03 1995

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.

DISTRICT MANAGER

Dawson GC 1

1. Verify with Greg Kempton to assure coiled tubing was removed from well and the location has been prepared for cavitation procedure.
2. Contact Federal or State agency prior to starting repair work.
3. Install and/or test anchors.
4. MIRUSU. Check and record tubing, casing and bradenhead pressures.
5. TOO H with 4 1/2" tubing.
6. TIH with drill pipe and bit to tag for fill.
7. Clean out to TD of 3156'.
8. Recavitate as necessary.
9. Once stable, TIH with 3 1/2" tubing, land tubing at 2911'.
10. Tie well back into surface equipment and turn over to production.

If problems are encountered, please contact:

Robert DeHerrera

(W) (303) 830-4946

(H) (303) 424-4750

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