

## Energy Minerals and Natural Resources Department

Form C-140

Revised 06/99

DATE OF NOTIFICATION TO THE  
SECRETARY OF THE TAXATION  
AND REVENUE DEPARTMENT:Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505  
(505) 476-3440SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

**District I** - (505) 393-6161  
1625 N. French Dr, Hobbs, NM 88243  
**District II** - (505) 748-1283  
1301 W. Grand Avenue, Artesia, NM 88210  
**District III** - (505) 334-6178  
1000 Rio Brazos Road, Aztec, NM 87410  
**District IV** - (505) 476-3440  
1220 S. St. Francis Dr., Santa Fe, NM 87505

APPLICATION FOR  
WELL WORKOVER PROJECT

## I. Operator and Well

Operator name & address <b>PHILLIPS PETROLEUM COMPANY</b> <b>5525 Hwy. 64</b> <b>Farmington, NM 87401</b>							OGRID Number <b>017654</b>	
Contact Party <b>Patsy Clugston</b>							Phone <b>505-599-3454</b>	
Property Name <b>San Juan 32-8</b>					Well Number <b>#243</b>		API Number <b>30-045-28276</b>	
UL <b>M</b>	Section <b>11</b>	Township <b>31N</b>	Range <b>8W</b>	Feet From The <b>983</b>	North/South Line <b>South</b>	Feet From The <b>1145</b>	East/West Line <b>West</b>	County <b>San Juan</b>

## II. Workover

Date Workover Commenced: <b>7/11/01</b>	Previous Producing Pool(s) (Prior to Workover): <b>Fruitland Coal</b>
Date Workover Completed: <b>8/15/01</b>	

## III. Attach a description of the Workover Procedures performed to increase production.

## IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

## V. AFFIDAVIT:

State of San Juan

) ss.

County of New MexicoPatsy Clugston, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Patsy Clugston Title Sr. Regulatory Clerk Date June 26, 2002  
SUBSCRIBED AND SWORN TO before me this 26th day of June, 2002.My Commission expires: 6/13/2005

Notary Public

Juanita Larell

## FOR OIL CONSERVATION DIVISION USE ONLY:

## VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on

08-15-2002

Signature District Supervisor <u>Charles T. Kern</u>	OCD District <u>AZTEC III</u>	Date <u>07-02-2002</u>
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**Workover Tax Incentive Profile for SJ 32-8 #243**

**Workover - Recavitated & Ran New Liner**

**API #**  
**30-045-28276**

Month	mcf/Month FC	Month	mcf/Month FC
Aug-00	8,489		
Sep-00	8,058		
Oct-00	7,717		
Nov-00	7,142		
Dec-00	7,070		
Jan-01	6,682		
Feb-01	5,792		
Mar-01	6,120		
Apr-01	5,817		
May-01	5,109		
Jun-01	5,314		
Jul-01	3,241		
12 month average before workover → 6,379			
Finished workover 8/15/01		Aug-01	4,560
3 month average after workover		Sep-01	8,964
		Oct-01	22,794
		→ 12,106	

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMSF079047

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: COAL BED METHANE

## 8. Well Name and No.

SAN JUAN 32-8 UNIT 243

## 2. Name of Operator

PHILLIPS PETROLEUM COMPANY

Contact: PATSY CLUGSTON

E-Mail: pclugs@ppco.com

## 9. API Well No.

30-045-28276

## 3a. Address

5525 HWY. 64  
FARMINGTON, NM 87401

## 3b. Phone No. (include area code)

Ph: 505-599-3454  
Fx: 505-599-3442

## 10. Field and Pool, or Exploratory

BASIN FRUITLAND COAL

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 11 T31N R8W Mer SWSW 983FSL 1145FWL

## 11. County or Parish, and State

SAN JUAN COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> WRK
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

7/22/01 MIRJ Key #18. ND WH & NU BOP. PT-OK. COOH w/tubing. RIH & latched onto 5-1/2" liner & COOH. RIH w/6-1/4" bit & cleaned out fill to 3508' TD. Surged well and R&R well with air & mist cleaning out fill and coal fines for approx. 17 days. Circ. hole to TD @ 3508'. RU to run liner. RIH w/5-1/2", 15.5# J-55 casing & set @ 3507' with top of liner set @ 3281'. RU Blue Jet & ran cased hole GR log. Perforated Fruitland Coal interval @ 4 spf .75" holes as follows:

3475'-3494', 3429'-3431', 3415'-3418', 3401'-3409', 3366'-3371', 3327'-3329' = 39' for total of 156 holes.

RIH w/2-3/8", 4.7# tubing and set @ 3483' with "F" nipple set @ 3449'. ND BOP, NU WH. Pumped off expendable check. RD & released rig 8/15/01. Turned well back over to production department return to production.

NOV 8 2001

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

Electronic Submission #6646 verified by the BLM Well Information System  
For PHILLIPS PETROLEUM COMPANY, sent to the Farmington  
Committed to AFMSS for processing by Maurice Johnson on 08/24/2001 ()

Name (Printed/Typed) PATSY CLUGSTON

Title AUTHORIZED REPRESENTATIVE

Signature

Date 08/22/2001

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\*****OPERATOR**