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U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State For
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELLS TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - II" (FORM O-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL CO2 OTHER
2. Name of Operator
Amoco Production Company
3. Address of Operator
P. O. Box 68, Hobbs, NM 88240
4. Location of Well
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 13 TOWNSHIP 18-N RANGE 35-E T11PM.

7. Unit Agreement Name
BDCDGU
8. Farm or Lease Name
BDCDGU 1835
9. Well No.
131
10. Field and Pool, or Wildcat
Und. Tubb
12. County
Union

15. Elevation (Show whether DF, RT, CR, etc.)
4505' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

1. Describe Proposed or Completed Operations (Clearly state oil pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 9-28-81 turned well thru separator and flow tested for 168 hr. with an average of 668 MCFD. Ran 72 hr. BHP build up on 10-5-81 and pulled bomb 10-8-81. Well shut-in 10-8-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED: TITLE: Admin. Analyst DATE: 10-12-81

APPROVED BY: TITLE: DATE: 10-14-81

CONDITIONS OF APPROVAL, IF ANY: