

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO.
30-059-20356

5. Indicate Type of Lease
STATE FEE

6. 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 BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

BDCDGU-2234

1. Type of Well:
OIL WELL GAS WELL OTHER CO2

8. Well No. 222

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat
Tubb

3. Address of Operator
PO Box 606, Clayton, NM 88415

4. Well Location
Unit Letter D : 793 Feet From The North Line and 419 Feet From The West Line
Section 22 Township 22N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4856.60 GR

11. 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 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Completion</u> <input checked="" type="checkbox"/>	

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

- MIRUCTU 8/8/96
- RUN 4"OD PERF GUNS ON COIL TBG
- PERF 2182' TO 2349' W/8 DPS PER FT
- FLOW WELL OVERNIGHT
- RDMOCTU 8/8/96
- TURN WELL TO PRODUCTION 8/9/96

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

SIGNATURE Billy E Prichard TITLE Field Foreman DATE 8/14/96

TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO. 374-3053

(This space for State Use)
APPROVED BY [Signature] TITLE **DISTRICT SUPERVISOR** DATE 8-20-96

CONDITIONS OF APPROVAL, IF ANY: