

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease	
State ☒	Fed ☐
5. State Oil & Gas Lease No.	
L-5807	

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.)

OIL WELL ☐ GAS WELL ☒ CO2 OTHER ☐

7. Unit Agreement Name
BDCDGU

8. Name of Operator
AMOCO PRODUCTION COMPANY

8. Farm or Lease Name
BDCDGU

9. Address of Operator
P. O. Box 68, Hobbs, NM 88240

9. Well No.
2033 021G

10. Location of Well
UNIT LETTER G 1105.5 FEET FROM THE North 1980 FEET FROM
THE East 2 LINE, SECTION 20-N 33-E TOWNSHIP 2 RANGE 33-E N.M.P.M.

10. Field and Pool, or Mineral
Und. Tubb

11. Elevation (Show whether OF, RT, GR, etc.)
4987' GL

12. County
Harding

13. Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO
SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐
OIL CONSERVATION DIVISION
SANTA FE

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

14. 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.

Moved in completion unit 10-1-83. Tested casing at 1200 psi for 15 min and OK. Perforated 2388'-2398', 2400'-2407', 2409'-2412', 2414'-2418', 2424'-2486', 2492'-2500', 2508'-2512', 2534'-2540', 2542'-2548', 2552'-2557', 2563'-2570', 2575'-2587', 2610'-2626', 2646'-2650' and 2653'-2658' with 2 SPF. Acidized with 3500 gals 7-1/2% HCL and additives. Flow tested thru a separator at an average of 2000 MCFD for 378 hours. Shut in well 1-17-84.

0+2-NMOCD,SF 1-HOU R. E. Ogden, Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-SUSP 1-PJS
1-Amerada 1-Cities Service 1-Conoco 1-CO2 In Action 1-Excelsior 1-Sun. Tex. 1-Exxon
1-Jim Russell, Clayton

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

SIGNED Patricia J. Lema

TITLE Assist. Admin. Analyst

DATE 2-6-84

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: