

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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-021-20235
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BDCDGU 2033
8. Well No. 191G
9. Pool name or Wildcat TUBB

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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☒ CO2 - Gas Well	
2. Name of Operator Amoco Production Company	
3. Address of Operator P. O. Box 606, Clayton, NM 88415	
4. Well Location Unit Leaser <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>T20N</u> Range <u>R34E</u> NMPM <u>Harding</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5050	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

MIRUSU, kill well as necessary, run 2-3/8" tubing, tag PBDT, disp well with gelled water, spot 50 sx class A neat cmt, pull tubing to 770 ft, spot 8 sx class A neat cmt, pull tbg to 30 ft, circ cmt to surf, pull tbg, cut off well head, install PXA marker, remove SU anchors, Clean location.

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 8/4/94
TELEPHONE NO. 505-374-3053
TYPE OR PRINT NAME Billy E. Prichard

(This space for State Use)

APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 8/4/94
Verbal Approval from Roy Johnson
8/4/94 @ 3:00 PM
CONDITIONS OF APPROVAL IF ANY: