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. 30-021-20242

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 - 2033

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

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Well No. 291G

3. Address of Operator: PO BOX 606 CLAYTON NM 88415

9. Pool name or Wildcat: TUBB

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 29 Township T20N Range R33E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5007

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☒	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☒		
OTHER:	☐			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.

MIRU DRLG UNIT/SPUD 12 1/4 SURF. HOLE ON 5/27/93. DRILL TO 680. RAN 17 JOINTS OF 8.625, 24# K-55 CASING. SET @ 680. CEMENT W/470 SXS CLASS "A". CIRC. 150 SXS. PRESSURE TEST CSG TO 500 PSI. DRILL 7 7/8 HOLE TO 2441. RAN 82 JOINTS OF 4 1/2 FIBERGLASS. SET @ 2441. CEMENT W/450 SXS, CLASS "A". CIRC. 120 SXS TO SURFACE. PRESSURE TEST CASING TO 500 PSI. DRILL 3 7/8 HOLE TO 2578. WELL SI. WOCU AND PLC.

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 8/16/93

TYPE OR PRINT NAME BILLY E. PRICHARD TELEPHONE NO. 5053743053

(This space for State Use)

APPROVED BY Ky Johnson TITLE DISTRICT SUPERVISOR DATE 8-20-93

CONDITIONS OF APPROVAL, IF ANY: