Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-021-20259

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L-5749

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 - 2133

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER CO_2

2. Name of Operator: Amoco Production Company

8. Well No. 061G

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

9. Pool name or Wildcat: Tubb

4. Well Location
Unit Letter G : 2002 Feet From The East Line and 1996 Feet From The North Line
Section 06 Township T21N 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.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
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 12¼ SURF HOLE ON 6/11/93. DRILL TO 707. RAN 18 JOINTS OF 8.625, 24#, K-55 CSG. SET @ 707. CEMENT W/400 SXS CLASS "A", CIRC 150 SXS, PRESSURE TEST CSG TO 500 PSI. DRILL 7⅞ HOLE TO 2625, RUN 89 JOINTS OF 4½ FIBERGLASS/SET @ 2625. CEMENT W/550 SXS CLASS "A", CIRC 60 BBLS TO SURFACE. 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 _____ TITLE FIELD FOREMAN DATE 7-27-93

TYPE OR PRINT NAME BILLY E. PRICHARD TELEPHONE NO. 505 374-3053

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT SUPERVISOR DATE 7-27-93

CONDITIONS OF APPROVAL, IF ANY: