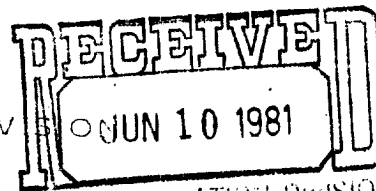


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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



Form C-103
Revised 10-1-

30. Indicate Type of Lease
State ☐ Fee ☐
31. 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.)

1. ☐ OIL WELL ☒ GAS WELL ☒ CO2 ☐ OTHER

2. Name of Operator
Amoco Production Company

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

4. Location of Well
UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 36 TOWNSHIP 21-N RANGE 33-E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)
4979' RDB

7. Unit Agreement Name
BDCDGU

8. Farm or Lease Name
BDCDGU 2133

9. Well No.
361

10. Field and Pool, or Whdcat
Und. Tubb

12. County
Harding

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

17. 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.

Propose to tie back cement behind production casing to surface by the following method:

Run a cement bond log to determine top of cement. Perforate casing above cement and circulate cement to surface.

0+2-NMOC'D, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED Mark J. [Signature] TITLE Admin. Analyst DATE 6-2-81

APPROVED BY Carl Helweg TITLE SENIOR PETROLEUM GEOLOGIST DATE 6/11/81

CONDITIONS OF APPROVAL, IF ANY: