

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87901
OIL CONSERVATION DIVISION
SANTA FE

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JUN 10 1981

Form C-103
Revised 10-1

13. Indicate Type of Lease
State ☐ Fee ☐
14. 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 - II" (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 H 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 18 TOWNSHIP 20-N RANGE 30-E NMPM.

7. Unit Agreement Name
BDCDGU
8. Farm or Lease Name
BDCDGU 2030
9. Well No.
181
10. Field and Pool, or Wildcat
Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)
5302' RDB

12. County
Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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-NMOCD, 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 Malcolm S. [Signature] TITLE Admin. Analyst DATE 6-3-81

APPROVED BY Carl [Signature] TITLE SENIOR PETROLEUM GEOLOGIST DATE 6/11/81

CONDITIONS OF APPROVAL, IF ANY: