

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 2082

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 021 20028

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-5745

7. Lease Name or Unit Agreement Name

2132

8. Well No.

361 L

9. Pool name or Wildcat

BEAVER DOME CO2 GAS UNIT

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

2. Name of Operator

Amoco Production Company

3. Address of operator

PO Box 606 CLAYTON N.MEX 88415

4. Well Location

Unit Letter L : 1980 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 36

Township 21 N

Range 32 E

NMPM

HARDING

County

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

4880 CR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

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.

moved in and rigged up service unit 4/23/93. Ran in hole and landed at 327 feet. Spot 25 sacks of cement and pulled up 30 feet and spot 5 sacks of cement & casing full to surface. Installed 1x A marker and rigged down, moved out service unit.

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

SIGNATURE

Mark Randolph

TITLE

BUSINESS ANALYST

DATE

10/26/93

TYPE OR PRINT NAME

MARK RANDOLPH

713 366 3216

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Ry Johnson

TITLE

DISTRICT SUPERVISOR

DATE

11/5/93

CONDITIONS OF APPROVAL, IF ANY: