

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-81

5a. Indicate Type of Lease
State ☒ Fee ☐
5. 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 PLUMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐	GAS WELL ☒ CO2	OTHER ☐	7. Unit Agreement Name BDCDGU
Name of Operator Amoco Production Company			8. Firm or Lease Name BDCDGU 1930
Address of Operator P. O. Box 68, Hobbs, NM 88240			9. Well No. 361
Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>19-N</u> RANGE <u>30-E</u> NMPM.			10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4531' RDB			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 ☐	

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.

On 7-21-81 turned well thru a separator for 168 hr. with an average of 2863 MCFD. Shut-in 7-27-81 for 72 hr. BHP build up. BHP bomb pulled 7-30-81. Well shut-in 7-30-81.

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.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Mark E. [Signature]</u>	TITLE <u>Admin. Analyst</u>	DATE <u>8-4-81</u>
APPROVED BY <u>Carl [Signature]</u>	TITLE <u>SENIOR PETROLEUM GEOLOGIST</u>	DATE <u>8/11/81</u>
CONDITIONS OF APPROVAL, IF ANY:		