Submit 3 Copies to Appropriate District Office

3. Address of Operator

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON PULL OR ALTER CASING

4. Well Location

11.

OTHER:

WELL. 2. Name of Operator

DINIE OF LICENTATIONAL Energy, Minerals and Natural Resources Department

Form C-103

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DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Drawer DD, Artesia, NM 88210

to Appropriate District Office	Like 57, Himbert and Hame 14		Revised 1-1-09			
DISTRICT I P.O. Box 1980, Hoods, NM 88240	OIL CONSERVATIO	St. M 87505	WELL API NO.	. API NO. 30-021-20198		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N		5. Indicate Type of Lease STATE FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	RICT III					
SUNDRY NOT	ICES AND REPORTS ON WEL					
DIFFERENT RESER (FORM C	RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)		7. Lease Name o	x Unit Agreement Name		
Type of Well: OIL GAS WELL WELL	OTHER COS			BDCDGU- 1833	3	
Name of Operator			8. Well No.			
Amoco Production	141					
. Address of Operator		9. Pool name or Wildcat				
PO Box 606, Clayt	öн, NM 88415			Tubb		
. Well Location Unit LetterF :19	80 Feet From The North	Line and198	Feet From	m The West	Line	
Section 14	Township 18N Ra	.nge 33E	NMPM	Harding Cow	inty	
	10. Elevation (Show whether . 4743 ! G	DF, RKB, RT, GR, etc.)				
1. Check A	Appropriate Box to Indicate I	Nature of Notice, Re	port, or Othe	r Data		
NOTICE OF INT	ENTION TO:	SUB	SEQUENT F	REPORT OF:		
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMEN	л [
ILL OR ALTER CASING	· ·	CASING TEST AND CE	MENT JOB			

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.

OTHER:

1833-141F

- 1. MIRUSU 2'9/97
- 2. KILL WELL
- 3. NIPPLE UP BOP
- 4. REL PKR
- 5. LAY DOWN 3 1/2 TBG, PKR, TAILPIPE
- 6. RUN CIBP W/WL

7. CIBP SET AT 2450'

TSA Well

- 8. PRS TEST CSG & CIBP 500 PSI -OK
- 9. CIBP 500 PSI OK
- 10. NIPPLE DOWN BOP
- 11. INSTALL WELLHEAD BONNETT
- 12. RDMOSU 2/997

I hereby certify that the inf	formation above of the and complete to the feet of my knowled	odge and belief.	Field Foreman	DATE	2/27/9
TYPE OR PRINT NAME	Billy E Prichard				374-3053
(This apace for State Use)	2910	الله المعلق الله المحالة المحا			6.

CONDITIONS OF APPROVAL

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