

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

DEC 20 1982

Form O-403
Revised 10-1-77

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 PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL ☐ GAS WELL ☒ C02 OTHER ☐	7. Unit Agreement Name BDCDGU
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name BDCDGU 2033
3. Address of Operator P. O. Box 68 Hobbs, New Mexico 88240	9. Well No. 101
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Indicate Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.) 5020' GL	12. County Harding

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 ☐
OTHER ☐

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 repair tubing/packer leak as follows:

Kill well with 2% KCL water. Pull tubing and packer. Run in hole with tubing and packer using thread lubricant on box to seal connections. Pump annular volume of 2% KCL inhibited water down backside and set the packer. Finish loading backside to surface. Pressure test backside. Swab to kick well off. Flow 2 hours to recover load water. Shut-in the well.

0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv. 1-Conoco
1-C02 in Action 1-Excelsior 1-Sun. Tex.

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 12-15-82
APPROVED BY [Signature] TITLE [Signature] DATE 12/20/82
CONDITIONS OF APPROVAL, IF ANY: