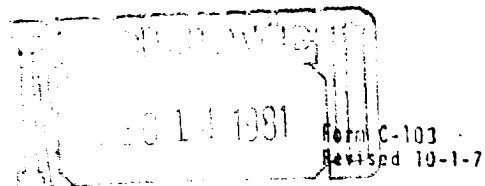


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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



5a. Indicate Type of Lease
SANTA FE ☒ Fee ☐
5. State Oil & Gas Lease No.

SUMMARY 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. OIL WELL ☐ GAS WELL ☒ CO2 OTHER ☐	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Farm or Lease Name BDCDGU 1833
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 351
4. Location of Well UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 18-N RANGE 33-E N.M.P.M.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4765' GL	12. County Harding

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 JOBS ☐ OTHER ☐

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.

Moved in completion unit 10-29-81. Perforated 2670'-98', and 2701'-10' with 2 JSPF. Acidized with 1500 gal. 7-1/2% HCL acid. Perforated Tubb 2594'-2616' with 2 JSPF. Acidized with 900 gal. 7-1/2% HCL. Acid tagged with radioactive material. Perforated 2542'-56' with 2 JSPF. Acidized with 500 gal. 7-1/2% HCL acid. Fractured with 13000 gal. 40# X-linked 2% KCL and 11500# 8/12 sand. Flow tested thru a separator for 180 hrs. with an average of 448 MCED. Ran 72 hr. BHP build-up 11-27-81 thru 11-30-81. Well shut-in 11-30-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-CLF 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 Cathy R. Forman TITLE Assist. Admin. Analyst DATE 12-9-81

APPROVED BY Carl Ulvog TITLE _____ DATE 12-14-81

CONDITIONS OF APPROVAL, IF ANY: