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 C-103
Revised 10-1-7

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 —" (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 2129

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 091

4. Location of Well
UNIT LETTER M, 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 21-N RANGE 29-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 5544' GL

12. County: Harding

16.

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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 service unit 12-20-82. Drilled out cast iron bridge plug set at 1949'. Set a cast iron bridge plug at 2669'. Circulated 21 bbl gel. Spotted 5 bbl cement slurry and displaced with 4 bbl gel and 5 bbl water. Pulled tubing to 1347'. Spotted 5 bbl cement slurry and displaced with 4 bbl water. Pulled tubing to 1150 and circulated hole with 40 bbl fresh water. Moved out service unit 12-29-82. Cut off bradenhead and turned well over to surface owner. (Well PxA)

0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv.
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 L. Forman TITLE Assist. Admin. Analyst DATE 1-6-83

APPROVED BY Carl Ulvog TITLE DISTRICT SUPERVISOR DATE 1/6/83

CONDITIONS OF APPROVAL, IF ANY: