

NO. OF COPIES RECEIVED	1
DISTRIBUTION	1
SANTA FE	1
FILE	1
U.S.G.S.	1
LAND OFFICE	1
OPERATOR	1

OIL CONSERVATION DIVISION
P. O. BOX 2030
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

3. Indicate type of lease
State ☒ Y Fee ☐
4. Lease or well number
L-5809

SUMMARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFRACK OR PLUG WELL TO A DIFFERENT RESERVOIR.
USE APPLICATION AND PERMIT FOR REFRACK OR PLUG WELL FOR SUCH PROPOSALS.

OIL WELL ☐ GAS WELL ☒ CO2 OTHER ☐
Name of Operator
Amoco Production Company
Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240
Location of well
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 20-N RANGE 33-E

7. Unit Agreement Name
BDCDGU
8. Name of Lease Name
BDCDGU
9. Well No.
2033 061M
10. Field and pool, or alluvial
Und. Tubb
12. County
Harding

11. Elevation (Show whether OF, RT, OK, etc.)
4990' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
LL OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Describe Progress 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 8-30-83. Perforated 2336'-2376', 2385'-2391 and 2400'-2440 and 2450'-2470' with 2 SPF. Acidized with 3500 gals 7-1/2% HCL acid. Flow tested thru a separator at an average of 2200, MCFD for 168 hours. Shut in well 11-3-83.

0+2-NMOCD, SF 1-HOU R. E. Ogden RM 21.150 1-SUSP 1-PJS 1-Amerada 1-Amerigas
1-Cities Service 1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun. Tex. 1-Exxon
1-Jim Russell, Clayton 1-F. J. Nash, HOU RM 4.206

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CO Patty Lema TITLE Assist. Admin. Analyst DATE 11-9-83

OVER BY _____ TITLE _____ DATE _____
OPTIONAL OF APPROVAL, IF ANY: _____