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 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: LG-2964-2

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 [X] CO2 OTHER-

7. Unit Agreement Name: BDCDGU

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: BDCDGU

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

9. Well No.: 1933 361G

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 19-N RANGE 33-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 4848' 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 [X]	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 completion unit 10-10-83. Perforated 2497'-2499', 2507'-2510', 2514'-2516', 2518'-2539', 2541'-2543', 2545'-2556', 2558'-2562', and 2564'-2600' with 2 SPF. Acidized with 3000 gal 7-1/2% HCL and additives. Flow tested thru a separator at an average of 300 MCFD for 528 hours. Shut in well 11-24-83.

O+2-NMOCD,SF 1-HOU R. E. Ogden RM 2[illegible].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

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

SIGNED Patti Serna TITLE Assist. Admin. Analyst DATE 12-28-83

APPROVED BY _____ TITLE _____ DATE 1-6-84

CONDITIONS OF APPROVAL, IF ANY: