Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION WELL API NO.

P.O. Box 2088	30 021 2025
Fe, New Mexico 87504-2088	30-021-20258
	5. Indicate Type of Lease

110. 200 1700, 11000 4 1111 00270	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-021-20258	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III		STATE	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6 State Oil & Gas Lease No. L-5749	
	S AND REPORTS ON WEI			
(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.)		7. Lease Name or Unit Agreement Name	•	
1. Type of Well:	40		BDCDGU - 2133	
2. Name of Operator	OTHER CO	2	0.31/11.51	
Amoco Hoduction	Company		8. Well No. 071G	
3. Address of Operator PO Box 606 Clau	HOR MN R841	5	9. Pool name or Wildcat	
4. Well Location	1		. (),	
Unit Letter : :	Feet From The East	Line and <u>148</u>	Feed From The NOrth	Line
Section	Township T21 N Ra 10. Elevation (Show whether	uge R33E)	ympm Harding	County
	10. Elevation (Show whether			
11. Check Ap	propriate Box to Indicate 1		port, or Other Data	
NOTICE OF INTE	NTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDON	NMENT
PULL OR ALTER CASING				
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.				
MIRU DRLG WIT/	SPUD 121/4 SURF!	HOLE ON 7/5/	93. DRILL TO 703.	
RAN 17 JOINTS OF	8.625, 24# K-5	5 CSG. SET (@ 703. CEMENT	
W 450 SX5 CLAS	8 "A" CIRC. 101	SKS, PRESSU	URE TEST CSG TO	
500 PGI. DRILL	- 77/8 HOLE TO	2505 , RUN 8	35 701NTS OF 4/2	
FIBERGHASS/SET	@ 2505. CEMEN	T W/580 SXS	s CLASS "A",	
CIRC PAS SXS TO	SURFACE. WELL	SI. WOCH A	UD PLC.	
	•			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE BILLY E. Kr		LELD FORE	MAN DATE 7-27-	93
▼			·· · · · · · · · · · · · · · · ·	

I hereby certify that the information above is true and complete to the best of my knowledge	e and belief,	
SKNATURE BULLE E. Pruhan	THE FIELD FOREMAN	DATE 7-27-93
TYPEORPRINTNAME BILLY E. PRICHARD		505 374 305 3 TELEPHONE NO.
(This space for State Use)		
APPROVED BY Ty John	DISTRICT SUPERVISOR	7-27-93
CONDITIONS OF APPROVAL, IF ANY		