

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-021-20259
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. L-5749
7. Lease Name or Unit Agreement Name BDCDGLU - 2133
8. Well No. 061G
9. Pool name or Wildcat Tubb
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5007

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. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER CO2	2. Name of Operator Amoco Production Company
3. Address of Operator P.O. Box 606 Clayton NM 88415	4. Well Location Unit Letter G : 2002 Feet From The East Line and 1996 Feet From The North Line Section 06 Township T21N Range R33E NMPM Harding County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5007	

11. 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 JOB ☒	OTHER: ☐

12. 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.

MIRU DRUG UNIT/SPUD 12 1/4 SURF HOLE ON 6/11/93. DRILL TO 707.
RAN 18 JOINTS OF 8.625, 24#, K-55 CSG. SET @ 707. CEMENT W/400 SKS
CLASS "A", CIRC 150 SKS, PRESSURE TEST CSG TO 500 PSI. DRILL
7 7/8 HOLE TO 2625, RUN 89 JOINTS OF 4 1/2 FIBERGLASS/SET
@ 2625. CEMENT W/550 SKS CLASS "A", CIRC 60 BBLS TO SURFACE.
WELL SET. WOCU AND PLC.

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

SIGNATURE _____ TITLE **FIELD FOREMAN** DATE **7-27-93**
TYPE OR PRINT NAME **BILLY E. FRICHARD** TELEPHONE NO. **505 374-3053**

(This space for State Use)

APPROVED BY  TITLE **DISTRICT SUPERVISOR** DATE **7-27-93**
CONDITIONS OF APPROVAL, IF ANY: