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.
30-021-20268

5. Indicate Type of Lease
STATE ☐     FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

BDCDGU - 2133

1. Type of Well:
OIL WELL ☐     GAS WELL ☒     OTHER CO₂

2. Name of Operator  Amoco Production Company

3. Address of Operator  PO Box 606 Clayton NM 88415

4. Well Location

Unit Letter  G  : 1982  Feet From The  East  Line and  1968  Feet From The  North  Line

Section  20  Township  T21N  Range  R33E  NMPM  Harding  County

8. Well No. 201G

9. Pool name or Wildcat  Tubb

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4889

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 DRLG UNIT/SPUD 12¼ SURF HOLE ON 7/16/93. DRILL TO 694.
RAN 17 JOINTS OF 8.625, 24#, K-55 CSG. SET @ 694. CEMENT
W/450 SXS CLASS "A", CIRC 160 SXS, PRESSURE TEST CSG TO 500 PSI.
DRILL 7⅞ HOLE TO 2460, RUN 84 JOINTS OF 4½ FIBERGLASS/
SET @ 2460. CEMENT W/500 SXS CLASS "A", CIRC 56 SXS TO
SURFACE. WELL SI. WOCU AND PLC.

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

SIGNATURE  Billy E. Prichard     TITLE  FIELD FOREMAN     DATE  7-27-93

TYPE OR PRINT NAME  BILLY E. PRICHARD

TELEPHONE NO. 5053743053

(This space for State Use)

APPROVED BY _____     TITLE  DISTRICT SUPERVISOR     DATE  7-27-93

CONDITIONS OF APPROVAL, IF ANY: