

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. 30-021-20273
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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER <u>CO₂ well</u>	7. Lease Name or Unit Agreement Name <u>BDCDGU 2133</u>
2. Name of Operator <u>Amoco Production Company</u>	8. Well No. <u>271G</u>
3. Address of Operator <u>P.O. Box 606 Clayton, New Mexico 88415</u>	9. Pool name or Wildcat <u>Tubb-Bravo Dome 640</u>
4. Well Location Unit Letter <u>G</u> : <u>1811</u> Feet From The <u>East</u> Line and <u>2085</u> Feet From The <u>North</u> Line Section <u>27</u> Township <u>T21N</u> Range <u>R33E</u> NMPM <u>Harding</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>5049</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☒
OTHER: ☐	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 Drly Unit / Spud 12 1/4 surf hole on 7/7/93. Drill to 695'. Ran 17 jts
85/8 24# K55 csg. Set @ 695'. Cmt w/ 450 rx Class A cmt. Circ 125 sx to
surf. Pres test csg to 500 psi. Drill 7 1/8 hole to 2680'. Ran 92 jts
4 1/2 Fiberglass csg. Set @ 2680'. Cmt w/ 450 rx Class A cmt. Circ 91 sx
to surface. Well shut in. wocux 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 [Signature] TITLE DISTRICT SUPERVISOR DATE 7-27-93
CONDITIONS OF APPROVAL, IF ANY: