

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
OIL CONSERVATION DIVISION
SANTA FE

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JUN 10 1981

Form C-103 -
Revised 10-1-

Indicate Type of Lease
State ☐ Fee ☐
5. 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. ☐ OIL WELL ☒ GAS WELL ☒ CO2 ☐ OTHER

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 68 Hobbs, NM 88240

4. Location of Well

UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 36 TOWNSHIP 22-N RANGE 32-E NMPM.

7. Unit Agreement Name

BDCDGU

8. Farm or Lease Name

BDCDGU 2232

9. Well No.

361

10. Field and Pool, or WHCcat

Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)

4668' RDB

12. County

Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Propose to tie back cement behind production casing to surface by the following method:

Run a cement bond log to determine top of cement. Perforate casing above cement and circulate cement to surface.

0+2-NMOCD, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED Carl Ulvog

TITLE Admin. Analyst

DATE 6-3-81

APPROVED BY Carl Ulvog

TITLE SENIOR PETROLEUM GEOLOGIST

DATE 6/11/81

CONDITIONS OF APPROVAL, IF ANY