

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-7

5a. 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 REPAIR OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL ☐ GAS WELL ☒ C02 OTHER	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Farm or Lease Name BDCDGU 1934
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Unit No. 111
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1984</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>19-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or subcat Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.) 4720' GL	12. County Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 repair tubing/packer leak as follows:

1. Drop standing valve and pressure test tubing.
2. If tubing leaks, continue pressure testing and pulling tubing until leak is found. Replace bad joints. (Skip to step #4.)
3. If tubing does not leak, release packer.
4. Pump annular volume of 2% KCL inhibited water down backside and reset packer. Finish loading backside to surface. Pressure test backside for leaks.
5. Return well to production.

0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-UGI 1-Cities Serv. 1-Conoco
1-C02 in Action 1-Excelsior 1-Sun. Tex.

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

SIGNED Cathy L. Forman

TITLE Assist. Admin. Analyst

DATE 10-28-82

APPROVED BY Cathy L. Forman

TITLE DISTRICT SUPERVISOR

DATE 11/4/82

CONDITIONS OF APPROVAL, IF ANY: