to Appropriate

State of New Mexico

Form C-103

Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-059-20079 Santa Fe. NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE XX 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL 005 BDCDGU-1934 OTHER 2. Name of Operator 8. Well No. Amoco Production Company 041 3. Address of Operator 9. Pool name or Wildcat PO Box 606, Clayton, NM 88415 Tubb Well Location 1980 Feet From The South 1980 West Unit Letter . Line and Feet From The Line 19N Union Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4887' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: INSTALL CASING LINER 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. 1934-041K 10. RUN & SET INFL BRIDGE PLG @2260' 1. MIRUSU 3/6/97 11. BLEED CSG TO 0 PSI 2. NU BOP 12. RUN 9-3 1/8 DC, FG TBG 3. KILL WELL 13. RUN POLYLINER TO 2260' 4. LAY DOWN 2 7/8 FG TBG, PKR, TAILPIPE 14. RUN TOOL, 2 3/8 TBG, CATCH DC 5. RDMOSU 3/7/97 15. LAY DOWN TBG & DC 6. RUN POLYBORE GAUGE RING TO 2265' 16. INSTALL WELLHEAD BONNETT 7. RETURN WELL TO PRODUCTION 3/13/97 17. RDMOSU 3/25/97 8. FLOW WELL UP CSG 10 DAYS 18. RETURN WELL TO PRODUCTION 3/25/97 9. MIRUSU 3/22/97

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
I hereby certify that the information above is true and complete to the best of my knows SIGNATURE SIGNATURE	mue	Field Foreman	DATE 3/27/97
TYPEORPRINTNAME Billy F Prichard			те ле номе но. 374–3053
(This space for State Use) APPROVED BY Ty Ty Ty Ty Ty Ty Ty Ty Ty T	DISTRIC	T SUPERVISOR	DATE 4/18/97
CONDITIONS OF APPROVAL, IF ANY:			