

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	30-059-20087
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BDCDGU-2134
8. Well No.	231
9. Pool Name or Wildcat	Tubb
10. Elevation (Show whether DF, RKB, RT, CR, etc.)	4740GR

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 CO2	2. Name of Operator Amoco Exploration & Production
3. Address of Operator PO Box 606, Clayton, NM 88415	4. Well Location Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line Section 23 Township 21N Range 34E NMPM Union County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	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.

1. MI/RU SU
2. Drill out CIBP
3. RIH with new Fiberglass Tbg x existing Pkr
4. Swab & flow test well for two days
5. RD x MO SU
6. MI/RU SU
7. Release Pkr
8. TOH w/Tbg x Pkr

9. RIH W/4" gun and perforate with 32 gram charge and 6 spf over the following intervals: 2131-2145, 2155-2158, 2160-2162, 2165-2172, 2174-2178, 2185-2195, 2198-2200, 2206-2213, 2221-2225, 2227-2229, 2231-2238, 2255-2258, 2262-2271
10. TIH with Tbg and Pkr. Set Pkr at approx. 2100'
11. Swab well to flow and flow to clean up and obtain stable rate. Flow test not to exceed 5 days
12. SI well

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 6/29/95
TYPE OR PRINT NAME Billy E. Prichard TELEPHONE NO. 374-309

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 7-5-95
CONDITIONS OF APPROVAL IF ANY