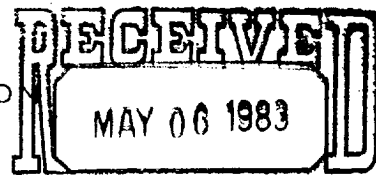


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-7

OIL CONSERVATION DIVISION
SANTA FE ☐ Lease ☐
5. State Oil & Gas Lease No. ☐ Fee ☐

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 ☐	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Farm or Lease Name BDCDGU 1935
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Unit No. 131
4. Location of Well UNIT LETTER <u>F</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>19-N</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or indicate Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.)	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	Flow test ☒

17. Describe Processes 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 flow test subject well for seven days prior to running coated tubing and packer. Record FTP and flow rate (MCFD & BWPD). Information is needed to determine if the water rate from the previous workover will be sustained to warrant a workover to shut off water at this time.

0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv.. 1-Conoco
1-CO2 in action 1-Excelsior 1-Sun. Tex 1-Exxon 1-Jim Russell, Clayton

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

SIGNED [Signature] TITLE Assist. Admin. Analyst DATE 5-3-83

APPROVED BY [Signature] TITLE DISTRICT MANAGER DATE 5-6-83

CONDITIONS OF APPROVAL, IF ANY: