STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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 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. Well No.: 221G

4. Location of Well
UNIT LETTER G, 1730 FEET FROM THE North LINE AND 1700 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 19-N RANGE 35-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 4580 GL

12. County: Union

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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 repair tubing/ packer leak as follows:

Move in service unit. Kill well with 2% KCL water. Pressure test tubing to 1000 PSI for 30 minutes. If tubing leaks pull tubing and pressure test while pulling. Replace bad joints. If tubing does not leak release packer. Pump annular volume of 2% KCL water down backside and reset packer. Finish loading backside. Pressure test backside for leaks. Return well to production.

O+2-NMOCD, SF 1-HOU !-Susp 1-CLF 1-Amerada 1-UGI 1-Cities Service 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 Mark Fillman TITLE Asst. Admin. Analyst DATE 11-12-82

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE 11/12/82

CONDITIONS OF APPROVAL, IF ANY: