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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.

SUNDY 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 TO DRILL" (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 1834
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 141
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 18-N RANGE 34-E NMPM.	10. Field and Pool, or wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4766' 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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐ 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.

Moved in service unit 2-26-82. Pulled tubing and seating nipple. Perforated 2582'-92' with 2 JSPF. Ran packer and tubing with tubing landing at 598'. Acidized with 1000 gal 7-1/2% HCL. Fractured with 18000 gal 40# x-linked gel with additives and 22000# 8/12 sand. Pulled tubing and packer. Ran tubing and seating nipple. Tubing landed at 2458'. Moved out service unit 3-3-82. On 3-4-82 turned well thru a separator and flow tested for 170 hrs. Flowed 10165 MCF and 33 BLW. Ran 72 hr. BHP buildup test 3-11-82 thru 3-14-82. Well shut-in 3-14-82.

0+2-NMOCD, SF 1-Hou 1-Susp 1-CLF 1-Amerada 1-UGI 1-Cities Serv.
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 Cathy L. Gorman TITLE Assist. Admin. Analyst DATE 3-18-82
APPROVED BY _____ TITLE _____ DATE 3-23-82
CONDITIONS OF APPROVAL, IF ANY: