

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-059-20148

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BDCDGU - 1934

8. Well No.

331

9. Pool name or Wildcat

Tubb

1. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER C02

2. Name of Operator

Amoco Production Company

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 33

Township 19N

Range 34E

NMPM

Union

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4844' GL

11. 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: 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.

1. MIRUSU 01/16/96

2. Kill well

3. Nipple up BOP

4. Release packer

5. Lay down 2 7/8 fiberglass tbq, pkr, & tailpipe

6. Nipple down BOP

7. Flow well to tank 45 hrs

8. Return well to production thru 5 1/2 csg

9. RDMOSU 01/19/96

10. Flow well up casing 64 days

11. MIRUSU 03/20/96

12. Kill well

13. Run tailpipe, pkr, & fiberglass tbq

14. TLA 2270', pkr set at 2240'

15. Nipple down BOP

16. Pressure test csg & pkr 500 PSI - OK

17. Flow well to tank 24 hrs

18. Return well to production

19. RDMOSU 3/21/96

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 4/16/96

TYPE OR PRINT NAME

Billy E Prichard

TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

4-25-96

CONDITIONS OF APPROVAL, IF ANY: