

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

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

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 - 17 (FD-44) C-1011 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 2334	
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Unit No. 211	
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 23-N RANGE 34-E NMPM.		10. Field and Pool, or indicate Und. Tubb	
15. Elevation (Show whether DF, RT, GR, etc.) 4890' GL		12. County Union	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

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

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 completion unit 12-7-82. Tagged cast iron bridge plug at 2679'. Circulated 66 bbl gel and spotted 5 bbl cement slurry. Displaced with 9 bbl gel. Pulled tubing to 802' and spotted 5 bbl cement slurry. Displaced with 2 bbl gel. Pulled tubing to 96'. Circulated 2 bbl cement slurry to surface and pulled tubing. Moved out service unit 12-7-82. Cut off bradenhead and installed plug and abandonment marker.

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.

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

SIGNED Cathy L. Sorman TITLE Assist. Admin. Analyst DATE 1-10-83

APPROVED BY Cathy L. Sorman TITLE DISTRICT SUPERVISOR DATE 4/8/83

CONDITIONS OF APPROVAL, IF ANY: