

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 O-103
Revised 10-1-7

34. Indicate Type of Lease	
State ☒	Fee ☐
35. 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 TO DRILL" (FORM O-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 2334
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well 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 OF, RT, GR, etc.) 4890' GL		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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Progress 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 8-23-81. Perforated intervals 2723'-33'. 47'-51', 57'-74', and 78'-82' with 2 JSPF. Set a packer at 2576'. Pumped 1850 gal 7-1/2% HCL acid with additives. Pulled packer. Ran 2-3/8" tubing and seating nipple set at 2666'. Moved out service unit 11-11-81. Moved in service unit 5-28-82. Pulled tubing and seating nipple. Set a cast iron bridge plug at 2697'. Circulated with 70 bbls inhibitor. Ran 2-3/8" seating nipple and 1 joint of tubing. Moved out service unit 6-2-82. Well is currently shut-in.

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. Ferman TITLE Assistant Admin. Analyst DATE 6-29-82

APPROVED BY _____ TITLE _____ DATE 7/2/82

CONDITIONS OF APPROVAL, IF ANY: