STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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.

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

DEC 03 1982

8. Farm or Lease Name: BDCDGU 2034

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 291

4. Location of Well: UNIT LETTER G, 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 20-N RANGE 34-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 4840' 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 stimulate Tubb pay as follows:

Pressure backside to 500 psi. Run base gamma ray and temp. survey from plug back depth to 2030'. Pump 6000 gal 7-1/2% HCL with additives. Flush with 2% KCL water. Run after acid gamma ray and temp. survey from plug back depth to 2030'. Swab well. Flow test for 7 days. Run 72 hr. BHP build-up test. Shut-in well. (Veral approval by Joe Ramey 11-30-82).

O+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. Furman TITLE Assist. Admin. Analyst DATE 12-1-82

APPROVED BY _____ TITLE _____ DATE 12/3/82

CONDITIONS OF APPROVAL, IF ANY: