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LAND OFFICE	
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OIL CONSERVATION DIVISION

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

Form O-103
Revised 10-1-77

1. Indicate Type of Lease
State ☐ For ☒
2. State Oil and Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL" (FORM O-101) FOR SUCH PROPOSALS.

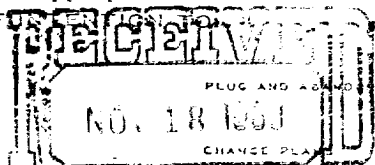
1. OIL WELL ☐ GAS WELL ☒ CO2 OTHER	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Name of Lease Name BDCDGU
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 2034 071G
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North 1980 East LINE, SECTION 7 TOWNSHIP 20-N RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DE, RT, GR, etc.) 4834' GL	12. County Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
FULL OR ALTER CASING ☐



REMEDIAL WORK ☒

COMMENCE DRILLING OPER. ☐

CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☐

SANTA FE

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 completion unit 9-11-83. Perforated 2242'-2248', 2252'-2274', 2276'-2290', 2292'-2298', 2304'-2308', 2312'-2348', 2353'-2321', 2376'-2385', 2390'-2394', 2404'-2412', and 2418'-2444' with 2 SPF. Acidized with 4500 gals 7-1/2% acid. Flow tested thru a separator at an average of 1000 MCFD for 167 hours. Well Shut-in 11-3-83.

0+2-NMOCD,SF 1-HOU R. E. Ogden RM 21.150 1-SUSP 1-PJS 1-Amerada 1-Amerigas
1-Cities Service 1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun. Tex. 1-Exxon
1-Jim Russell, Clayton 1-F. J. Nash, HOU RM 4.206

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

SIGNED Peter J. Serna TITLE Assist. Admin. Analyst DATE 11-16-83

APPROVED BY _____ TITLE _____ DATE 11-16-83
CONDITIONS OF APPROVAL, IF ANY: