

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-71

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DISTRIBUTION	
SANTA FE	/
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒

3. State Oil & Gas Lease No.

SUNDARY 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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ CO2 OTHER	7. Unit Agreement Name BDCDGU
Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name BDCDGU
Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 2034 181G
Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 20-N RANGE 34-E N.M.P.M.	10. Field and Pool, or Whichever Und. Tubbs
15. Elevation (Show whether OF, RT, CR, etc.) 4825' GL	12. County Union

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

7. Describe Proceeded 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 9-8-83. Tested casing at 1000 psi for 15 min and OK. Perforated 2220'-2232', 2235'-2237', 2241'-2253', 2259'-2262', 2265'-2268', 2270'-2290', 2290'-2310', 2310'-2318', 2320'-2333', 2335'-2349', 2352'-2368' and 2371'-2376' with 2 SPF. Acidized with 4500 gals 7-1/2% HCL and additives. Flow tested thru a separator at an average of 1900 MCFD for 328 hours. Shut in well 1-17-84.

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

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

SIGNED Peter J. Sena TITLE Assist. Admin. Analyst DATE 2-6-84

APPROVED BY _____ TITLE _____ DATE 2-10-84

CONDITIONS OF APPROVAL, IF ANY: