

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-70

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

5a. Indicate Type of Lease
State ☐ Fed ☒
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.)

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. 1935 351G
Location of Well UNIT LETTER G 1650 North 1650 East 35 19-N 35-E THE LINE, SECTION TOWNSHIP RANGE NMPM.		10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4505' 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	PERMITS AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOBS	
OTHER		OTHER	

7. 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 service unit 11-1-83. Pressure tested casing to 1500 psi for 30 min and OK. Perforated 2046'-2121', 2127'-2169', 2172'-2174' and 2178'-2206' with 2 SPF. Acidized with 4500 gals 7-1/2% HCL and additives. Flow tested thru a separator at an average of 650 MCFD for 213 hours. Shut in well 1-27-84.

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. Serna TITLE Assist. Admin. Analyst DATE 2-6-84

APPROVED BY _____ TITLE _____ DATE 2-10-84
CONDITIONS OF APPROVAL, IF ANY: