

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BDCDGU - 1834

8. Well No.

171

9. Pool name or Wildcat

Tubb

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. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER CO2

2. Name of Operator

Amoco Production Company

3. Address of operator

P.O. Box 606, Clayton, NM 88415

4. Well Location

Unit Letter G 1650 Feet From The North Line and 1650 Feet From The East Line

Section 17 Township 18N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4778' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Amoco intends to temporarily abandon this well due to low production and pressure on the casing annulus

1. MIRUSU
2. Kill well as necessary
3. Nipple up BOP
4. Release packer lay down 3 1/2" production
tbg, packer, and tailpipe
5. Run cast iron bridge plug by wireline

6. Set cast iron bridge plug at 2485'
7. Pressure test casing to 500 PSI
8. Nipple down BOP
9. Install well head cap
10. RDMOSU
11. Monitor well annually for pressure

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

SIGNATURE

Billy E. Prichard

TITLE Field Foreman

DATE 4/16/96

TYPE OR PRINT NAME

Billy E Prichard

TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY

Ry E Johnson

DISTRICT SUPERVISOR

TITLE

DATE

4-19-96

CONDITIONS OF APPROVAL, IF ANY: