

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-059-20338
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BDCDGU-2234
8. Well No.	181
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 PO Box 606, Clayton, NM 88415	
4. Well Location Unit Letter <u>G</u> : <u>1961</u> Feet From The <u>North</u> Line and <u>1979</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>22N</u> Range <u>34E</u> N.M.P.M. Union County 10. Elevation (Show whether DF, RKB, RT, GR, etc) <u>4929.80 GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	OTHER: <u>Completion</u> ☒

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.

2234-181G

1. MI/RU CTBU 10/9/95.
2. Clean out drig mud to 2484' x spot perf fluid.
3. Perf 2200'-2449' 6 Spf, 570 Total shots.
4. RD MOCTBU 10/9/95
5. Flow test well 24 HRS. Shut in.
6. WO pipeline connection.

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

SIGNATURE Billy E. Prichard TITLE Field Foreman DATE 10/17/95

TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO 374-3053

(This space for State Use)
APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 10/26/95
CONDITIONS OF APPROVAL IF ANY: