

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-059-20346
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2	7. Lease Name or Unit Agreement Name BDCDGU-1835
2. Name of Operator Amoco Production Company	8. Well No. 082
3. Address of Operator PO Box 606, Clayton, NM 88415	9. Pool name or Wildcat Tubb
4. Well Location Unit Letter N : 712 Feet From The South Line and 2076 Feet From The West Line Section 8 Township 18N Range 35E NMPM Union County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4643.40' GR

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.

1835-082N
1. MIRT
2. SPUD 8/4/96
3. DRILL 12 1/4" HOLE 0' TO 1111'
4. RUN 8 5/8" 24# J55 CSG, CSG SET AT 1111'
5. CMT WITH 600 SKS CLASS C CMT & CIRC 93 SKS TO PIT
6. WOC & NIPPLE UP BOP, PRESSURE TST BOP TO 500 PSI-OK

7. DRILL 7 7/8" HOLE FROM 1111' TO 2488'
8. RUN 5 JTS OF 5 1/2" 15.50# J55 CSG & 79 JTS OF 5 1/2" FIBERGLASS CSG, CST SET AT 2488';
9. CMT WITH 400 SKS OF CLASS C CMT, CIRC 76 SKS TO PIT
10. RIG RELEASED 8/7/96
11. MORT
12. WAIT ON SERVICE UNIT

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 8/10/96
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 8-19-96

CONDITIONS OF APPROVAL, IF ANY: