

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**  
2040 Pacheco St.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-059-20359  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>BDCDGU-1835   |
| 8. Well No.<br>232  |
| 9. Pool name or Wildcat<br>Tubb   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4577.10 GR                                    |

**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 C02

2. Name of Operator

3. Address of Operator Amoco Production Company

PO Box 606, Clayton, NM 88415

4. Well Location

Unit Letter D : 204 Feet From The North Line and 1195 Feet From The West Line

Section 23 Township 18N Range 35E NMPM Union County

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: Completion ☒

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.

1. MIRUCTU 8/29/96
2. RUN 4"OD PERF GUNS ON COIL TBG
3. PERF 2348' TO 2426' W/6 DPS PER FT
4. FLOW WELL OVERNIGHT
5. RDMOCTU 8/30/96

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 8/31/96

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

(This space for State Use)

APPROVED BY Ry E. Prichard TITLE DISTRICT SUPERVISOR DATE 9-6-96