

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEC 17 1982

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-7

SANTA FE

5a. Indicate Type of Lease	State ☐	Fee ☐
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.

1. OIL ☐ WELL GAS ☒ WELL ☒ CO2 OTHER	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Farm or Lease Name BDCDGU 2033
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 341
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4893.7' GL	12. County Harding

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 JOBS ☐	OTHER ☐

17. 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.

Propose to lower injection pressure and increase injection rate by fracture stimulating as follows:

Pull tubing and packer. Run 3½" tubing and packer to 2050' and set packer. Run base gamma ray/temp. survey 2100'-2500'. Pressure backside to 1000 psi. Fracture in 4 stages with 21000 gal of gelled, x-linked 2% KCl water and 8/12 sand. Tag with radioactive material. Flush with 2% KCl water. Run temp. decay and gamma ray survey 2100'-2500'. Pull tubing and reset the packer at 2260'. Pressure test backside. Swab to kick well off. Flow test for 96 hours to recover load water. Bleed off casing pressure and return well to injection.

1-Conco 1-CO2 in Action 1-Excelsior 1-Sun. Tex.
0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv.

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

SIGNED <u>Cathy L. Torman</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>12-15-82</u>
APPROVED BY <u>Carl Wilcox</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>12/17/82</u>
CONDITIONS OF APPROVAL, IF ANY:		