STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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

DEC 03 1982

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 K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 20-N RANGE 33-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 4893.7' GL

12. County: Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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 increase injection rate by stimulating well as follows:

Pressure backside to 500 psi. Run gamma ray and temp. survey from plug back depth to 2100'. Pump 2000 gal 7-1/2% HCL with additives. Flush with 2% KCL water. Run after acid gamma ray and temp. survey from plug back depth to 2100'. Swab well. Flow for 3 hrs. Bleed off annulus pressure and return well to injection. (Verbal approval by Carl Ulvog 11-30-82.)

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

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

SIGNED Cathy F. Forman TITLE Assist. Admin. Analyst DATE 12-1-82

APPROVED BY _____ TITLE DISTRICT SUPERVISOR DATE 12/3/82

CONDITIONS OF APPROVAL, IF ANY: