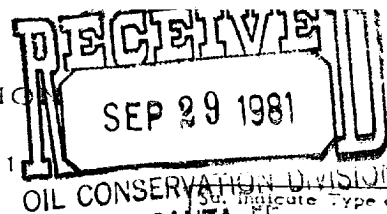


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ Santa Fe 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.)

OIL WELL ☐ GAS WELL ☒ CO2 OTHER-

7. Unit Agreement Name
BDCDGU

1. Name of Operator

Amoco Production Company

8. Farm or Lease Name

BDCDGU-2133

2. Address of Operator

P. O. Box 68, Hobbs, NM 88240

9. Well No.

231 K

3. Location of Well

UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM

10. Field and Pool, or Wildcat
Und. Tubb

THE West LINE, SECTION 23 TOWNSHIP 21-N RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

4886' GL

12. County
Harding

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Moved in service unit 8-28-81. Fractured well with 20000 gal. 40# gelled x-linked and 23500# 8/12 sand. Flow tested well thru a separator for 168 hr. with an average of 1343 MCFD. Ran 72 hr. BHP build up. Well shut-in 9-21-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED [Signature] TITLE Admin. Analyst

DATE 9-25-81

APPROVED BY [Signature] TITLE SENIOR DATA ADMIN GEOLOGIST

DATE 9-29-81

CONDITIONS OF APPROVAL, IF ANY: