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 [X] CO2 OTHER-

7. Unit Agreement Name: BDCDGU

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: BDCDGU 2031

3. Address of Operator: P. O. Box 68 Hobbs, New Mexico 88240

9. Well No.: 351

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 20-N RANGE 31-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 4608' GL

12. County: Harding

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [X]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- 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.

Propose to repair tubing/packer leak as follows:

Kill well with 2% KCL water. Pull tubing and packer. Run in hole with tubing and packer using thread lubricant on box to seal connections. Pump annular volume of 2% KCL inhibited water down backside and set the packer. Finish loading backside to surface. Pressure test backside. Swab to kick well off. Flow 2 hours to recover load water. Shut-in the well.

0+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 L. Forman TITLE Assist. Admin. Analyst DATE 12-15-82

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: