

OIL CONSERVATION DIVISION

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

Form O-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☐
3. 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 TO DRILL (FORM O-101) FOR SUCH PROPOSALS.

1. OIL WELL ☐ GAS WELL ☒ CO2 OTHER	7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company	8. Name of Lease Name BDCDGU 2033
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 181
4. Location of well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. Tubb
11. Elevation (Show whether D.F., RT, GR, etc.) 4995' 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 ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. Describe Proposals or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.

On 11-2-81 turned well thru a separator and flow tested for 168 hrs with an average of 1067 MCFD. Ran 72 hr BHP build-up 11-9-81 thru 11-12-81. Well shut-in 11-12-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-CLF 1-Amerada 1-UGI 1-Cities Svc.
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 <u>Cathy L. Forman</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>11-23-81</u>
APPROVED BY <u>Carl Ulvog</u>	TITLE <u>SENIOR PETROLEUM GEOLOGIST</u>	DATE <u>12-2-81</u>
CONDITIONS OF APPROVAL, IF ANY:		