

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 20 1982

OIL CONSERVATION DIVISION
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 TO DRILL (FD-35) C-1011 FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ CO2 OTHER- 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator P. O. Box 68 Hobbs, New Mexico 88240 4. Location of well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 20-N RANGE 32-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4860' GL	7. Unit Agreement Name BDCDGU 8. Farm or Lease Name BDCDGU 2032 9. Well No. 331 10. Field and Pool, or Annual Und. Tubb 12. County Harding
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 Carl Ulberg TITLE DIRECTOR DATE 12/20/82
CONDITIONS OF APPROVAL, IF ANY: