

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

MAY 07 1982
FORM C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☐ Fed ☐
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 - 10 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL ☐ GAS ☒ CO2 OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, NM 88240 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>11</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4920' GL	7. Unit Agreement Name BDCDGU 8. Farm or Lease Name BDCDGU 2033 9. Well No. 111 10. Field and Pool, or Acreage Und. Tubb 12. County Harding
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16. 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 Proceeds or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 4-19-82 turned well thru a separator and flow tested for 166 hrs. Well flowed 8402 MCF and 67 BLW. Ran 72 hr. BHP buildup test 4-26-82 thru 4-29-82. Well shut-in 4-29-82.

6.9 c/days

1218 MCFPD

0+2-NMOCD, SF 1-Hou 1-Susp 1-CLF 1-Amerada 1-UGI 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. Ferman TITLE Asst. Admin. Analyst DATE 5-4-82

APPROVED BY Roy Johnson TITLE Geologist DATE 5-7-82
CONDITIONS OF APPROVAL, IF ANY: