

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2085
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-7

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

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.)

OIL WELL ☐	GAS WELL ☒ CO2	OTHER ☐	7. Unit Agreement Name BDCDGU
1. Name of Operator Amoco Production Company			8. Firm or Lease Name BDCDGU-2133
2. Address of Operator P. O. Box 68, Hobbs, NM 88240			9. Well No. 091
3. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>21-N</u> RANGE <u>33-E</u> NMPM.			10. Field and Pool, or Wildcat Und. Tubb
11. Elevation (Show whether DF, RT, CR, etc.) 4838' 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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

13. 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.

On 10-8-81 well was turned thru a separator for 168 hr. with an average of 1178 MCFD.
Ran 72 hr. BHP build up on 10-15-81 and pulled BHP bomb 10-18-81. Well shut-in
10-18-81.

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 Marty [Signature] TITLE Admin. Analyst DATE 10-19-81
PROVED BY Carl [Signature] TITLE _____ DATE 10-21-81
CONDITIONS OF APPROVAL, IF ANY: