

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

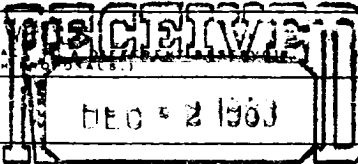
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG OR TO ABANDON A WELL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PURPOSES.)



1. ☐ OIL WELL ☒ GAS WELL ☒ CO2 ☐ OTHER		7. Unit Agreement Name BDCDGU
2. Name of Operator Amoco Production Company		8. Farm or Lease Name BDCDGU
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 2033 121G
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>12</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> NMPM.		10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4880' 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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	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.

Moved in completion unit 9-12-83. Perforated 2380'-2381', 2288'-2390', 2270'-2286', 2288'-2314', 2316'-2356', 2362'-2376', 2384'-2406' and 2410'-2428' with 4 SPF. Acidized with 4000 gal 7-1/2% HCL acid. Flow tested thru a separator at an average of 1100 MCFD for 186 hours. Shut in well 11-22-83.

0+2-NMOCD,SF 1-HOU R. E. Ogden RM 21.150 1-SUSP 1-PJS 1-Amerada 1-Amerigas
1-Cities Service 1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun, Tex. 1-Exxon
1-Jim Russell, Clayton 1-F. J. Nash, HOU RM 4.206

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Peter J. Lema TITLE Assist. Admin. Analyst DATE 11-30-83

APPROVED BY [Signature] TITLE [Signature] DATE 12-5-83

CONDITIONS OF APPROVAL, IF ANY: