

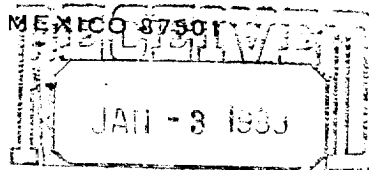
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78



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.

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 261G
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>26</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.)	12. County Harding

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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☒
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
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.

Moved in completion unit 10-6-83. Perforated 2336'-58', 2362'-94' and 2398'-2416' with 2 SPF. Acidized with 2500 gal 7-1/2% HCL and additives. Flow tested thru a separator at an average of 400 MCFD for 325 hours. Shut in well 11-29-83.

0+2-NMOCDSF 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 Serna TITLE Assist. Admin. Analyst DATE 12-28-83

APPROVED BY [Signature] TITLE Supervisor DATE 1-6-84
CONDITIONS OF APPROVAL, IF ANY: