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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
LG-2970	

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.)

6. OIL ☐ GAS ☒ CO2 ☐ OTHER ☐		7. Unit Agreement Name
Name of Operator		BDCDGU
AMOCO PRODUCTION COMPANY		8. Farm or Lease Name
Address of Operator		BDCDGU
P. O. Box 68, Hobbs, NM 88240		9. Well No.
Location of Well		2033 071G
UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 20-N RANGE 33-E NMPM.		10. Field and Pool, or Whichever Und. Tubb

11. Elevation (Show whether OF, RT, GR, etc.)
5065' GL

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	☐

SUBSEQUENT REPORT OF:

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

13. Describe Proceed 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 10-11-83. Tested casing at 1500 psi for 30 min and OK. Perforated 2452'-2557' with 2JSPF. Acidized with 2500 gals 7-1/2% HCL acid and additives. Flow tested thru a separator at an average of 1500 MCFD for 652 hours. Shut in well 1-18-84.

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

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

SIGNED	Putu J. Serna	TITLE	Assist. Admin. Analyst	DATE	2-6-84
APPROVED BY		TITLE		DATE	2-10-84
CONDITIONS OF APPROVAL, IF ANY:					