

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20235

5. Indicate Type of Lease

\$ STATE ☐FEE ☒

6. State Oil &amp; 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.)

7. Lease Name or Unit Agreement Name

BDCDGL 2033

1. Type of Well:

OIL  
WELL ☐GAS  
WELL ☐

OTHER

CO<sub>2</sub>-Gas well

2. Name of Operator

Amoco Production Company

8. Well No.

191G

3. Address of Operator

P.O. Box 606 Clayton, N. Mex 88415

9. Pool name or Wildcat

Tubb

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section

19

Township

T20N

Range

R34E

NMPM

Harding

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5050

11.

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: ☐

12. 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.

MIRUSU, Kill well as necessary, Run 2 3/8 tubing, Tag PBTD, Disp well with Gelled water, Spot 50sx Class A neat cmt, Pull tubing to 770ft, Spot 8sx Class A neat cmt, Pull tbq to 30ft, Circ cmt to Surf, Pull tbq, Cut off well head, Install P&A marker, Remove 5u anchors, Clean location

G1. @ 1930'

Toe 1890' OK d

Verbal

8-4-94

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

SIGNATURE

Billy E. Prichard

TITLE

Field Foreman

DATE

8/4/94

TYPE OR PRINT NAME

Billy E. Prichard

505 374 3053

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

## Facsimile Transmission

Addressee's Telecopier Phone

5053743054

Date

8/4/94

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|                     |               |                     |                                                                                                                                      |
|---------------------|---------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| To: Roy Johnson     | Company NMOC  | Location Santa Fe   | Mail Code/Room                                                                                                                       |
| From: Bill Prichard | Company Amoco | Location Bravo Dome | Mail Code/Room                                                                                                                       |
| Initiated By        | Department    | Approved By         |                                                                                                                                      |
| Typed By            | Ext.          | Mail Code/Room      | <input type="checkbox"/> Call Sender for Pickup of Originals<br><input type="checkbox"/> Call _____ for Pickup at Receiving Location |

Roy,

This proposed procedure to PXA 2033191G  
The Bottom Plug of 505x should cover the  
Isorieta. Top of Isorieta in this well is 1970

BEP