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. 30-021-20247

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-4628

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: BDCDGU-2132

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER CO2

2. Name of Operator: Amoco Production Company

8. Well No. 131G

3. Address of Operator: PO Box 606 Clayton NM 88415

9. Pool name or Wildcat: Tubb

4. Well Location
Unit Letter G : 2035 Feet From The East Line and 1936 Feet From The North Line

Section 13 Township T21N Range R32E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4928

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			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.

MIRU Drlg. Unit/Spud 12¼ surf. hole on 8-5-93. Drill to 680. Ran 17 joints of 8.625, 24#, K-55 casing. Set @ 680. Cement w/450 sks. Class "A". Circ. 130 sks. Pressure test csg. to 500 PSI. Drill 7⅞ hole to 2451. Ran 85 joints of 4½" Fiberglass. Set @ 2451. Cement w/625 sks. Class "A". Circ. 140 sks to surface. Well SI. WOCU and PLC.

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 8/16/93

TYPE OR PRINT NAME Billy E. Prichard TELEPHONE NO. 505 374 3053

(This space for State Use)

APPROVED BY Ray E. Johnson TITLE DISTRICT SUPERVISOR DATE 8-20-93

CONDITIONS OF APPROVAL, IF ANY: