

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. <u>30-021-20271</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>BDCDGU - 2133</u>
8. Well No. <u>251G</u>
9. Pool name or Wildcat <u>Tubb</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4996</u>

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. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER <u>CO₂</u>
2. Name of Operator <u>Amoco Production Company</u>
3. Address of Operator <u>PO Box 606 Clayton, NM 88415</u>
4. Well Location Unit Letter <u>G</u> : <u>1963</u> Feet From The <u>East</u> Line and <u>2027</u> Feet From The <u>North</u> Line Section <u>25</u> Township <u>T21N</u> Range <u>R33E</u> NMPM <u>Harding</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☒
OTHER: ☐	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.

MIRU DRUG UNIT/SPUD 12 1/4 SURF HOLE ON 7/20/93.
DRILL TO 687. RAN 17 JOINTS OF 8.625, 24#, K-55, CSG.
CEMENT W/450 SKS CLASS "A", CIRC. 30 BBLs, PRESSURE
TEST CSG TO 500 PSI. DRILL 7-7/8 HOLE TO 2629. RAN
90 JOINTS OF 4 1/2 FIBERGLASS/SET @ 2629. CEMENT
W/550 SKS CLASS "A", CIRC. 31 BBLs TO SURFACE. WELL ST.
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 7-27-93

TYPE OR PRINT NAME BILLY E. PRICHARD TELEPHONE NO. 505 374 3053

(This space for State Use)

APPROVED BY Ry Elphum TITLE DISTRICT SUPERVISOR DATE 7-27-93

CONDITIONS OF APPROVAL, IF ANY: