

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.<br><b>30-021-20275</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><b>BDCDGLU-2133</b>                                         |
| 8. Well No.<br><b>291G</b>                                                                          |
| 9. Pool name or Wildcat<br><b>Tubb</b>                                                              |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>4978</b>                                   |

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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <b>CO2</b> | 2. Name of Operator<br><b>Amoco Production Company</b>                                                                                                                                                                       |
| 3. Address of Operator<br><b>P.O. Box 606 Clayton NM 88415</b>                                                      | 4. Well Location<br>Unit Letter <b>G</b> : <b>1968</b> Feet From The <b>East</b> Line and <b>1938</b> Feet From The <b>North</b> Line<br>Section <b>29</b> Township <b>T21N</b> Range <b>R33E</b> NMPM <b>Harding</b> County |

|                                                                               |                                                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                          |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                         |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                       |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>    |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                  |
|                                                                               | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                                |

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 7/12/93. DRILL TO 688'. RAN 17 JOINTS OF 8.625, 24#, K-55 CSG, SET @ 688'. CEMENT W/450 SKS CLASS "A". CIRC. 180 SKS, PRESSURE TEST CSG TO 500 PSI. DRILL 7 7/8 HOLE TO 2585. RAN 90 JOINTS OF 4 1/2 FIBERGLASS/SET @ 2585. CEMENT W/511 SKS CLASS "A", CIRC. 100 SKS TO SURFACE. WELL SET. WOCU AND PIC.

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. 5053743053

(This space for State Use)

APPROVED BY Rg E. Prichard DISTRICT SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE 7-27-93