STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & 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.)

1. OIL WELL ☐ GAS WELL ☒ CO2 OTHER-

7. Unit Agreement Name: BDCDGU

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: BDCDGU 1934

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 111

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1984 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 19-N RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 4720' GL

12. County: Union

16. 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 ☐ | | COMMENCE DRILLING OPNS. ☐ | PLUG AND ABANDONMENT ☐ |
| PULL OR ALTER CASING ☐ | CHANGE PLANS ☐ | CASING TEST AND CEMENT JOB ☐ | |
| OTHER ☐ | | OTHER ☐ | |

17. 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.

Propose to repair tubing/packer leak as follows:

1. Drop standing valve and pressure test tubing.
2. If tubing leaks, continue pressure testing and pulling tubing until leak is found. Replace bad joints. (Skip to step #4.)
3. If tubing does not leak, release packer.
4. Pump annular volume of 2% KCL inhibited water down backside and reset packer. Finish loading backside to surface. Pressure test backside for leaks.
5. Return well to production.

O+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-UGI 1-Cities Serv. 1-Conoco
1-CO2 in Action 1-Excelsior 1-Sun. Tex.

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 10-28-82

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE 11/4/82

CONDITIONS OF APPROVAL, IF ANY: