

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

OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

30-059-20054

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BDCDGU - 1934

8. Well No.

101

9. Pool name or Wildcat

Tubb

1. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER

CO2

2. Name of Operator

Amoco Production Company

3. Address of operator

PO Box 606, Clayton NM 88415

4. Well Location

Unit Letter J : 1930 Feet From The South Line and 1987 Feet From The East Line

Section 10 Township 19N Range 34E NMPM Union County

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

4780' GL

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: Install casing liner ☒

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.

1. MIRUSU 02/15/96
2. Run 1.625 blanking plug
3. Nipple up BOP
4. Lay down 2 7/8 fiberglass tbg
5. Run 2 7/8 steel tbg
6. Rig up snubbing unit
7. Snub 2 7/8 tbg, pkr, and tailpipe out of well
8. Rig down snubbing unit
9. Return well to production thru 5 1/2 csg
10. RDMOSU 02/21/96

11. Flow well up casing 68 days
12. MIRUSU 04/30/96
13. Kill well
14. Run tailpipe, pkr, & fiberglass tbg
15. TLA 2151', pkr set at 2121'
16. Nipple down BOP
17. Pressure test csg & pkr 500 PSI - OK
18. Flow well to tank
19. Return well to production
20. RDMOSU 05/01/96

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 4/16/ 96

TYPE OR PRINT NAME

Billy E Prichard

TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

5/20/96

CONDITIONS OF APPROVAL, IF ANY: