

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-059-20065
5. Indicate Type of Lease STATE ☐ FEE ☒
6. 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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER C02	7. Lease Name or Unit Agreement Name BDCDUGU-1935
2. Name of Operator Amoco Production Company	8. Well No. 071
3. Address of Operator PO Box 606, Clayton, NM 88415	9. Pool name or Wildcat Tubb
4. Well Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 7 Township 19N Range 35E NMPM Union County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4650' GR	

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: 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.

1935-071G
1. MIRUSU 2/19/97
2. RUN & SET BLK PLG
3. BLED TBG TO 0 PSI
4. NU BOP
5. LD FG TBG, TOOL
6. RUN POLYBORE GAUGE RING TO 2050'
7. PULL GAUGE RING
8. SNUB TBG, PKR, TAILPIPE OUT OF HOLE
9. RETURN WELL TO PRODUCTION UP CSG 2/21/97
10. RDMOSU 2/22/97
11. PROD WELL UP CSG FOR 12 DAYS
12. MIRUSU 3/6/97

13. RUN & SET INFL BRIDGE PLG @2050'
14. BLEED CSG TO 0 PSI
15. RUN 9-3 1/8 DC
16. RUN POLYLINER TO 2050'
17. RUN TOOL, 2 3/8 TBG, CATCH DC
18. LAY DOWN TBG & DC
19. ND BOP
20. INSTALL WELLHEAD BONNETT
21. PU INFL BP
22. RDMOSU 3/7/97
23. RETURN WELL TO PRODUCTION 3/7/97

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 3/13/97
TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3/21/97
CONDITIONS OF APPROVAL, IF ANY