

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

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.	30-059-20066
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
8. Well No.	BDCDGU - 2034
9. Pool name or Wildcat	231 Tubb

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 ☒ CO2	2. Name of Operator Amoco Production Company
3. Address of operator PO Box 606, Clayton, NM 88415	4. Well Location Unit Letter <u>K</u> <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>20N</u> Range <u>34E</u> NMIPM Union County 10. Elevation (Show whether <u>DF</u> , <u>RKB</u> , <u>RT</u> , <u>GR</u> , etc.) <u>4717' GL</u>

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.

Polybore project cancelled. Did not pull wells.

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

SIGNATURE Billy E. Prichard
TYPE OR PRINT NAME Billy E Prichard

TITLE Field Foreman

DATE 3/16/96

TELEPHONE NO 374-3053

APPROVED BY [Signature]

DISTRICT SUPERVISOR

DATE 4-19-96

CONDITIONS OF APPROVAL, IF ANY.