

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JAN 17 1983
OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☐ Fed ☐
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, NM 88240	9. Well No. 071
4. Location of well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>19-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or similar Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.) <u>4958' GL</u>	12. County Union

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	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:

Pull tubing and packer. Run in hole with tubing and packer using special thread lubricant on box to seal connections. Pump annular volume of 2% KCl inhibited water down backside and set packer. Finish loading backside to surface. Pressure test backside for leaks. Swab to kick off and flow 2 hours to recover load water. Shut-in well.

0+2-NMOCD,SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas
1-Conoco 1-CO2-In-Action 1-Cities Svc. 1-Sun Tex. 1-Excelsior

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 Asst. Admin. Analyst DATE 1-12-83

APPROVED BY Carl L. [Signature] TITLE DISTRICT SUPERVISOR DATE 1/18/83

CONDITIONS OF APPROVAL, IF ANY: