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

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

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

OIL CONSERVATION DIVISION

P.O.Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-059-20094

5. Indicate Type of Lease
STATE [ ] FEE [X]

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.)

7. Lease Name or Unit Agreement Name
BDCDGU -1935

1. Type of Well
OIL WELL [ ] GAS WELL [ ] OTHER CO2

8. Well No.
041

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat
Tubb

3. Address of operator
PO Box 606, Clayton, NM 88415

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 4 Township 19N Range 35E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4635' GL

11. 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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Install casing liner	[X]

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 TITLE Field Foreman DATE 3/16/96

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 4-19-96

CONDITIONS OF APPROVAL, IF ANY: