

DISTRICT I
P.O. Box 1960, 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. 30-059-20099
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BDCDGU-2134
8. Well No. 021
9. Pool name or Wildcat 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 Exploration & Production	
3. Address of Operator PO Box 606, Clayton, NM 88415	
4. Well Location Unit Letter F : 1980 Feet From The North Line and 1680 Feet From The West Line Section 2 Township 21N Range 34E NMPM Union County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4670 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 ☐

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. MI/RU SU
2. POH, laydown steel Tbg x Pkr
3. RIH with new Fiberglass Tbg x existing Pkr
4. Swab & flow test well for two days
5. RD x MO SU
6. MI/RU SU
7. Release Pkr
8. TOH w/Tbg x Pkr

9. RIH W/4" gun and perforate with 32 gram charge and 6 spf over the following intervals: 2035-2041, 2043-2045, 2047-2053, 2055-2057, 2060-2066, 2073-2100, 2102-2104, 2106-2115, 2119-2122, 2134-2139, 2141-2143, 2146-2174
10. TIH with Tbg and Pkr. Set Pkr at approx. 2000'
11. Swab well to flow for clean up
12. Continue flow test and MOSU
13. Flow test not to exceed 5 days
14. SI well at end of flow test

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 6/29/95

TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY Ry E Johnson DISTRICT SUPERVISOR DATE 7-5-95

CONDITIONS OF APPROVAL, IF ANY: