

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form O-103
Rev. (Sec. 10-1-7)

Indicate type of well use
Oil ☒ Gas ☐ Other ☐
State ☒ Fee ☐
Surface Ownership 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 1935
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 231
4. Location of Well 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>19-N</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.) 4560' GL	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 ☐	

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 flow test and run 72 hour BHP build-up test as follows:

Install coated tubing and packer. Install additional wellhead valve so that BHP bomb can be run without shutting-in well. Flow test well for 168 hours at 115 psi. Record daily gas production rate, water production rate, flowing tubing pressure, and time on chart. Run BHP bomb in well while flowing. Shut-in well. Pull bomb after 72 hours. Leave well shut-in. The above data is to be used to determine the need for water handling facilities at these locations and the need for possible fracture stimulation.

0+2-NMOCDF, SF 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv. 1-Conoco
1-CO2 in action 1-Excelsior 1-Sun. Tex 1-Exxon

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 Assist. Admin. Analyst DATE 3-24-83

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3-29-83

CONDITIONS OF APPROVAL, IF ANY: