

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
JUL 15 1981

Form C-103
Revised 10-1-73

OIL CONSERVATION DIVISION
SANTA FE Fee ☐

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.)

OIL WELL ☐ GAS WELL ☒ C02 OTHER-

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER K 1650 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE, SECTION 32 TOWNSHIP 22-N RANGE 33-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

4930' GL

7. Unit Agreement Name

BDCDGU

8. Farm or Lease Name

BDCDGU 2233

9. Well No.

321

10. Field and Pool, or Whiccat

Und. Tubb

12. County

Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
WELL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Moved in service unit 6-22-81. Fractured with 22000 gal. 75% Foam and 19500# sand. Flow tested thru a separator for 144 hr. with an average of 1505 MCFD. Ran 72 hr. bottom hole pressure build up 7-2-81 and pulled 7-5-81. Well shut-in 7-5-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-C02 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED [Signature] TITLE Admin. Analyst DATE 7-10-81

APPROVED BY [Signature] TITLE SENIOR PETROLEUM GEOLOGIST DATE 7-14-81

CONDITIONS OF APPROVAL, IF ANY: