

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease	
State ☐	Fee ☐
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPER OR PLUG BACK TO A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR PERMIT C-103 (FORM C-103) 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 2034
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 291
4. Location of Well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>29</u> TOWNSHIP <u>20-N</u> RANGE <u>34-E</u> N.M.P.M.		10. Field and Pool, or Acreal Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4840' GL		12. County Union

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

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	
OTHER ☐	

17. Describe Proposed or Completed Operations (Clearly state oil pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to stimulate Tubb pay as follows:

Pressure backside to 500 psi. Run base gamma ray and temp. survey from plug back depth to 2030'. Pump 6000 gal 7-1/2% HCL with additives. Flush with 2% KCL water. Run after acid gamma ray and temp. survey from plug back depth to 2030'. Swab well. Flow test for 7 days. Run 72 hr. BHP build-up test. Shut-in well. (Veral approval by Joe Ramey 11-30-82).

0+2-NMOCD,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.

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

SIGNED Cathy L. Ferman TITLE Assist. Admin. Analyst DATE 12-1-82

APPROVED BY [Signature] TITLE [Signature] DATE 12/3/82

CONDITIONS OF APPROVAL, IF ANY: