

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 C-103
Revised 10-1-78

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 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
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 2034 301G
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>30</u> TOWNSHIP <u>20-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4857' 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 JOB ☐	OTHER ☐

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.

Moved in completion unit 9-27-83. Perforated 2232'-2252', 2257'-2261', 2264'-2267', 2274'-2322', 2329'-2334', 2339'-2342', 2351'-2354', 2361'-2366', 2378'-2396', 2403'-2407', 2410'-2413', and 2420'-2432' with 2 SPF. Acidized with 5000 gals 7-1/2% HCL and additives. flow tested thru a separator at an average of 1500 MCFD for 377 hours. Shut in well 12-22-83.

0+2-NMOCD,SF 1-HOU R. E. Ogden, Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-SUSP 1-PJS
1-Amerada 1-Cities Service 1-Conoco 1-CO2 In Action 1-Excelsior 1-Sun Tex.
1-Jim Russell, Clayton 1-Amerigas 1-Exxon

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

SIGNED Peter J. Lema TITLE Assist. Admin. Analyst DATE 1-9-84
APPROVED BY Ray E. Johnson TITLE _____ DATE 1-11-84
CONDITIONS OF APPROVAL, IF ANY: