

Submit 3 Copies

10 Applications

District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103

Revised 1.1.89

DISTRICT I

P.O. Box 1980, 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                          | 30-059-20326                                                           |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |                                                                        |
| 7. Lease Name or Unit Agreement Name | BDCDGU-2234                                                            |
| 8. Well No.                          | 161                                                                    |
| 9. Pool name or Wildcat              | Tubb                                                                   |

|                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2 <input type="checkbox"/>                                                                                               |  |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                                          |  |
| 3. Address of Operator<br>PO Box 606, Clayton, NM 88415                                                                                                                                                                  |  |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1972</u> Feet From The <u>South</u> Line and <u>2033</u> Feet From The <u>West</u> Line<br>Section <u>16</u> Township <u>22N</u> Range <u>34E</u> NMPM <u>Union</u> County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>4852 GR</u>                                                                                                                                                     |  |

|                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                              |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                       |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                     |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>             |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>          |
|                                                                               | OTHER: <u>Completion</u> <input checked="" type="checkbox"/> |

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.

2234-161K

1. MI/RU CTBU 9/24/95.
2. Clean out drlg mud to 2402' x spot perf fluid.
3. Perf 2145-2375, 6 Spf, 822 Total shots.
4. RD MOCTBU 9/25/95
5. Flow test well overnight. Shut in.
6. WO pipeline connection.

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 9/27/95

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

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 10/6/95

CONDITIONS OF APPROVAL IF ANY: