

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. 30-059-20335

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BDCDGU-2234

8. Well No. 351

9. Pool name or Wildcat
Tubb

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. Type of Well:
OIL WELL GAS WELL OTHER CO2

2. Name of Operator
Amoco Exploration & Production

3. Address of Operator
PO Box 606, Clayton, NM 88415

4. Well Location
Unit Letter J : 2071 Feet From The South Line and 1796 Feet From The East Line
Section 35 Township 22N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4681 GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <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.

- 2234-351J
1. MI/RU CTBU 8/16/95.
 2. Clean out drlg mud to 2192' x spot perf fluid.
 3. Perf 2042-2187, 6 Spf, 750 total shots.
 4. RD MOCTBU 8/17/95
 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 8/21/95

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

(This space for State Use)

APPROVED BY Ry Johnson TITLE DISTRICT SUPERVISOR DATE 8-28-95

CONDITIONS OF APPROVAL, IF ANY: