

Submit 3 Copies
to Appropriate
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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-059-20350
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
BDCDGU-2134	
8. Well No.	242
9. Pool name or Wildcat	Tubb
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4822.10' GR	

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 Production Company
3. Address of Operator PO Box 606, Clayton, NM 88415	4. Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 24 Township 21N Range 34E NMPM Union County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☒
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

1. MIRT
2. SPUD 7/16/96
3. DRILL 12 1/4" HOLE 0' TO 722'
4. RUN 8 5/8" 24# J55 CSG. CSG SET AT 722'
5. CMT WITH 375 SKS CLASS C CMT & CIRC 70 SKS TO PIT
6. WOC & NIPPLE UP BOP, PRESSURE TST BOP TO 500 PSI-OK

7. DRILL 7 7/8" HOLE FROM 722' TO 2383'
8. RUN 7 JTS OF 5 1/2" 15.50# J55 CSG & 75 JTS OF 5 1/2" FIBERGLASS CSG. CST SET AT 2383';
9. CMT WITH 400 SKS OF CLASS C CMT, CIRC 78 SKS TO PIT
10. RIG RELEASED 7/19/96
11. MORT
12. WAIT ON SERVICE UNIT

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 7/30/96

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

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 8-5-96

CONDITIONS OF APPROVAL, IF ANY: