

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
**30-021-20267**

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.



7. Lease Name or Unit Agreement Name  
**BDCDGU 2133**

8. Well No.  
**181G**

9. Pool name or Wildcat  
**Tubb-Bravo Dome 640**

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 **CO<sub>2</sub> Well**

2. Name of Operator  
**Amoco Production Company**

3. Address of Operator  
**P.O. Box 606 Clayton, New Mexico 88415**

4. Well Location  
Unit Letter **G** : **2012** Feet From The **East** Line and **1979** Feet From The **North** Line

Section **18** Township **T21N** Range **R33E** NMPM **Harding** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**4872**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:  
PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER:

SUBSEQUENT REPORT OF:  
REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
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.  
**MIRU Drly Unit/ Spud 12' 4" Surf hole on 7/19/93. Drill to 695'. Run 17 jts 8 5/8 24# K55 csg. Set @ 695'. Cmt w/ 450 rx Class A. Circ 125 rx to surf. Pres test csg to 500 psi. Drill 7 1/2 hole to 2435'. Run 82 jts of 4 1/2 Fiberglass/ Set @ 2435'. Cmt w/ 625 rx Class A cmt. Circ 41 rx to surface. Well shut. WOCU + PLC**

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 **7/27/93**  
TYPE OR PRINT NAME **Billy E. Prichard** TELEPHONE NO. **5053743053**

(This space for State Use)  
APPROVED BY **R. E. Johnson** TITLE **DISTRICT SUPERVISOR** DATE **7-27-93**  
CONDITIONS OF APPROVAL, IF ANY: