

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 1960, 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.

30-021-20257

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BDCDGLU - 2133

8. Well No.

051G

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 Production Company

3. Address of Operator

PO Box 606 Clayton NM 88415

4. Well Location

Unit Letter G : 1993 Feet From The East Line and 2024 Feet From The North Line

Section

5

Township

T21N

Range

R33E

NMPM

Harding

County

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

4986

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

☒

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.

MIRU DRUG UNIT/SPUD 12 1/4 SURF HOLE ON 4/15/93. DRILL TO 684. RAN 17 JOINTS OF 8.625, 24#, K-55 CSG. SET @ 684. CEMENT W/450 SXS CLASS "A", CIRC 120 SXS, PRESSURE TEST CSG TO 500 PSI. DRILL 7 7/8 HOLE TO 2590, RUN 88 JOINTS OF 4 1/2 Fiberglass/SET @ 2590. CEMENT W/425 SXS CLASS "A", CIRC. 59 SXS TO SURFACE. WELL SI. WDCU AND 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: