

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

JUL 09 1981

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Multiple Type of Lease	Rate ☐	Fee ☐
5. State Oil & Gas Lease No.		

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.)

OIL WELL ☐ GAS WELL ☒ CO2 OTHER ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE, SECTION 1 TOWNSHIP 27-N RANGE 34-E NMPM.

7. Unit Agreement Name

BDCDGU

8. Farm or Lease Name

BDCDGU 2134

9. Well No.

011

10. Field and Pool, or Wildcat

Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)

4600' GL

12. County

Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

INFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Moved in service unit 6-18-81. Fractured with 22000 gal. 75 quality foam, 260000 SCF N2, and 5500 gal. 2% KCL water. Flow tested thru a separator for 168 hr. with an average of 1232 MCFD. Well shut-in 6-30-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-MKE 1-Amerada 1-UGI 1-Cities Svc.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature]

TITLE Admin. Analyst

DATE 7-8-81

APPROVED BY [Signature]

TITLE SEAL

DATE 7-10-81

CONDITIONS OF APPROVAL, IF ANY: