

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3. Indicate Type of Lease
State Fee
4. State Oil & Gas Lease No.

SUMMARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERFORATE PLUS ALL
USE APPROPRIATE FOR PERMIT - 176041 C-103 FOR SUCH PURPOSES

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 G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE. SECTION 31 TOWNSHIP 20-N RANGE 34-E N.M.P.M.
15. Elevation (Show whether DF, RT, CR, etc.) 4919' GL

7. Unit agreement name: BDCDGU
8. Name of Lease name: BDCDGU
9. Well No.: 2034 311G
10. Field and Pool, or official: Und. Tubb
12. County: Union

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

NOTICE OF INTENTION TO:

FORM REMEDIAL WORK
TEMPORARILY ABANDON
REPERFORATE OR ALTER CASING
OTHER _____

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMPLETION DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER _____

ALTERING CASING
PLUG AND ABANDONMENT

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of shutting any proposed work) SEE RULE 1103.

Moved in completion unit 9-28-83. Perforated 2314'-2318', 2320'-2359', 2372'-2419', 2421'-2428', 2430'-2440', 2450'-2463', 2492'-2496', and 2504'-2518' with 2 JSPF. Acidized with 4500 gal of 7-1/2% HCL acid. Flow tested thru a separator for 168 hours at an average of 2000 MCFD. Shut well in 11-2-83.

0+2-NMOCD,SF 1-HOU R. E. Ogden RM 21.150 1-SUSP 1-PJS 1-Amerada 1-Amerigas
1-Cities Service 1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun. Tex. 1-Exxon
1-Jim Russell, Clayton 1-F. J. Nash, HOU RM 4.206

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

By: Peter J. Serna TITLE: Assist. Admin. Analyst DATE: 11-9-83

APPROVED BY: _____ TITLE: _____ DATE: 11-1-83

CONDITIONS OF APPROVAL, IF ANY: _____