

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.
30-059-20354
5. Indicate Type of Lease
STATE ☐ FEE ☒
6. 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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER CO2	7. Lease Name or Unit Agreement Name BDCDGU-2234
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Well No. 212
3. Address of Operator PO BOX 606, CLAYTON, NM 88415	9. Pool name or Wildcat TUBB
4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 21 Township 22N Range 34E NMPM UNION County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4851.20' GL	

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.

1. MIRT
2. SPUD 6/19/96
3. DRILL 12 1/4" HOLE 0' TO 755'
4. RUN 8 5/8" 24# J55 CSG, CSG SET AT 755'
5. CMT WITH 400 SKS CLASS C CMT & CIRC 126 SKS TO PIT
6. WOC & NIPPLE UP BOP, PRESSURE TST BOP TO 500 PSI-OK

7. DRILL 7 7/8" HOLE FROM 755' TO 2382'
8. RUN 6 JTS OF 5 1/2" 15.50# J55 CSG & 71 JTS OF 5 1/2" FIBERGLASS CSG, CST SET AT 2382"
9. CMT WITH 335 SKS OF CLASS C CMT, CIRC 39 SKS TO PIT
10. RIG RELEASED 6/23/96
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 6/28/96
TYPE OR PRINT NAME BILLY E PRICHARD TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 7-9-96
CONDITIONS OF APPROVAL, IF ANY: