

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

WELL API NO.
30-021-20104

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

5. Indicate Type of Lease
STATE FEE

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

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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well
OIL WELL GAS WELL OTHER CO2

8. Well No.
1831-161F

2. Name of Operator
AMOCO EXPLORATION AND PRODUCTION COMPANY

3. Address of Operator
P.O. Box 606, CLAYTON, NEW MEXICO 88415

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 16 Township 18N Range 31E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4340 GR

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.

MIRUSU, Kill well as nessecary, NUBOP, Rel pkr, LD production tbg and pkr, Run Cast iron BP with wireline, Set CIBP @ 2084ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 5 sx cmt, Pull tbg to 1668 ft, Spot 10 sx cmt, Pull tbg to 30ft, Fill csg with cmt, NDBOP, Cut off wellhead, Install PXA marker, RDMOSU, Cut off SU anchors, Clean location

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

SIGNATURE B. E. Prichard TITLE Operations Specialist DATE 1/20/98

TYPE OR PRINT NAME B. E. Prichard TELEPHONE NO. (505) 374-3053

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2-5-98

CONDITIONS OF APPROVAL, IF ANY: