

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S. OIL	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 12-1-77

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL UP TO DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - 17 (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL CO₂ OTHER

1. Name of Operator
Amoco Production Company

2. Address of Operator
P. O. Box 68, Hobbs, NM 88240

3. Location of Well
UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 21 TOWNSHIP 20-N RANGE 31-E NMPM.

Bravo Dome Carbon Dioxide Gas Unit

4. From what lease
Bravo Dome Carbon Dioxide Gas Unit 2031

9. Well No.
211 G

10. Field and Pool, or Whidcut
Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)
4680 GL

12. County
Harding

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Name Change	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

17. 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.

Name changed from State "KA" No. 1
to Bravo Dome Carbon Dioxide Gas Unit 2031 Well No. 211 G

0+2 NMOC-D-SF 1-Hou 1-Susp 1-BD

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

PREPARED BY Bob Davis TITLE Admin. Analyst DATE 4-6-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: