

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20204

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
BRAVO DOME CO2 GAS UNIT

8. Well No.
1833-231K

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

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

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 23 Township 18N Range 33E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4750 GL

11. 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 OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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.

12/6/97
Packer wouldn't release.
Cut 2-3/8" fiberglass @ 2416'
Spot 50 sacks class C cement @ 2416'

12/7/97
Tag TOC @ 2320'
Circulate well with mud laden fluid
Pressure test 7" casing to 500 psi
Spot 15 sacks class C cement @ 1966' - 1879'
Spot 5 sacks class C cement @ 30' - surface.
Cut off wellhead and anchors 3' below ground level
Cap well with steel plate
Install dry hole marker
Clean location.

Inspected 1/7/98 REJ

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist DATE 12/8/97

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

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 1/12/98

CONDITIONS OF APPROVAL, IF ANY: