

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

Form O-103 -
Revised 10-1-70

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fed

3. 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 LIT (FORM O-101) FOR SUCH PROPOSALS.)

<input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL CO_2 OTHER-	7. Name of Operator Amoco Production Company	8. Name of Lease Bravo Dome Carbon Dioxide Gas Unit 1934
1. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 201 <input checked="" type="checkbox"/>	10. Field and Pool, or wildcat Und. Tubb
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1986</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>19-N</u> RANGE <u>34-E</u> N.M.P.M.	11. Elevation (Show whether DF, RT, GR, etc.) 4895 GL	12. County Union

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 <u>Name Change</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1107.

Name changed from Hutcherson B No. 16
to Bravo Dome Carbon Dioxide Gas Unit 1934 Well No. 201

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.

NAME Bob Davis TITLE Admin. Analyst DATE 4-13-81

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: