

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

Form O-103
Revised 12-1-77

NO. OF COPIES DESIRED	
DISTRIBUTION	
SALES OFF	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

1. Indicate Type of Lease
State Fee
2. 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 TO DRILL (FORM O-101) FOR SUCH PROPOSALS.)

3. Type of Well: OIL WELL GAS WELL CO₂ OTHER

Bravo Dome Carbon Dioxide Gas Unit

4. Name of Operator: Amoco Production Company

Bravo Dome Carbon Dioxide Gas Unit 1935

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

9. Well No. 241 J

6. Location of well: UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM

10. Field and Pool, or Wildcat Und. Tubb

THE East LINE, SECTION 24 TOWNSHIP 19-N RANGE 35-E N.M.P.M.

15. Elevation (Show whether DT, RT, GR, etc.) 4475 GL

12. County Union

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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Name Change <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Manner of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1102.

Name changed from Cain C No. 1
to Bravo Dome Carbon Dioxide Gas Unit 1935 Well No. 241 J

0+2 NMOCU-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.

SIGNED: Bob Davis TITLE: Admin. Analyst DATE: 4-13-81

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: