

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-059-20262
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
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 G-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER

8. Well No. 2135 291G

2. Name of Operator Amoco Production Company

9. Pool name or Wellcat Bravo Dome Carbon Dioxide Gas Unit

3. Address of Operator P. O. Box 3092; Houston, TX 77253

4. Well Location Unit Letter <u>G</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>T21N</u> Range <u>R35E</u> NMPM UNION County

10. Elevation (Show whether DP, NKE, RT, GR, etc.) 4661

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Yearly Bradenhead Test (TA Well)</u> <input checked="" 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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	02/01	315#	0	
1991	01/16	315#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE C.M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 02/01/91
 TYPE OR PRINT NAME C.M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 2-7-91
 CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE OR SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 1-16-91

BDCDGU WELL NO.2135-291 G
1980'FNL X 1980'FEL, SEC.29,T-21-N,R-35-E
API.NO.30-059-20262
UNION COUNTY NEW,MEXICO

