

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL APT NO.	30-059-20069
5. Indicate Type of Lease	STATE ☐ FEE ☐
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 C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ CO ₂ OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2034-271G
3. Address of Operator P. O. Box 3092; Houston, Texas 77253 Rm: 20.132	9. Pool name or Wildcat Und. Tubb
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>27</u> Township <u>20N</u> Range <u>34E</u> NMMPM Union Country	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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Re-perf to increase production ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

Move in and rig up service unit. Kill well with 2% KCL and additives. Nipple up blow out preventor. Release packer and pull tubing. If necessary, clean out fill to 2403'. Perforate the following interval 2152-2360 with 4 jsp. Rerun production equipment. Load annulus with inhibited fluid and test packer to 500 psi for 30 minutes. Return well to production.

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

SIGNATURE Mark Randolph TITLE Administrative Analyst DATE 11/12/91
TYPE OR PRINT NAME Mark D. Randolph TELEPHONE NO. 713/556-3216

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 11-18-91
CONDITIONS OF APPROVAL, IF ANY: