

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 API NO.

30-021-20023

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.

2030-181H

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 H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 18 Township 20N Range 30E NMPM HARDING County

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

5290 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

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.

MIRU plugging unit. Check well for pressure. Kill if necessary. NU BOP. Run 2.375" tbg . tag cement retainer at 1991ft. Test casing to 250 psi. Disp casing with gelled water. Pull tbg to 30 feet. fill casing with cement. ND BOP. Cut off wellhead. Weld steel plate on top of casing and install PXA marker. RD plugging unit. Remove wellpanels. Cut off SU anchors. Clean location.

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

SIGNATURE Billy E. Pichard TITLE Operations Specialist DATE 10/27/97

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

(This space for State Use)

APPROVED BY G. E. Johnson TITLE DISTRICT SUPERVISOR DATE 11/5/97

CONDITIONS OF APPROVAL, IF ANY: