

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.

30-021-20024

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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well

OIL WELL ☐ GAS WELL ☐ OTHER ☐ CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

2031-231D

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 23 Township 20N Range 31E NMPM HARDING County

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

4710 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

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

12/18/97

Set 4-1/2" CIBP @ 2120'

Circulate well with mud laden fluid

Pressure test 4-1/2" to 500 psi

Spot 5 sacks of Class C Cement @ 2120' - 2048'

Spot 10 sacks of Class C cement @ 1710' - 1566

Spot 5 sacks of Class C cement @ 30' - 3'

Cut off wellhead and anchors 3' below ground level

Cap well with steel plate

Install dry hole marker

Backfill location.

Inspect 1/7/98 - OK REF

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

SIGNATURE Billy S. Prichard TITLE Operations Specialist

DATE 1/8/98

TYPE OR PRINT NAME B. E. Prichard

TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE 1/12/98

CONDITIONS OF APPROVAL, IF ANY: