

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.

30-021-20026

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.

1932-041D

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 D : 660 Feet From The North Line and 660 Feet From The West Line  
Section 4 Township 19N Range 32E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4739 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)

12/16/97  
Plug #1 CIBP @ 2241'

12/17/97  
Circulate well with mud laden fluid  
Pressure test 4-1/2" to 500 psi  
Spot 5 sacks of class C cement @ 2241' - 2169'  
Spot 15 sacks of class C cement @ 1878' - 1661'  
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 pit and cellar  
Clean location

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

SIGNATURE

TITLE

Operations Specialist

DATE 1/8/98

TYPE OR PRINT NAME

B. E. Richard

TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

4/6/98

CONDITIONS OF APPROVAL, IF ANY: