

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-77

|                        |  |
|------------------------|--|
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| SANTA FE               |  |
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| LAND OFFICE            |  |
| OPERATOR               |  |

3a. Indicate Type of Lease  
State ☐ For ☐

3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL UP TO DEPTH OF PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT - 1 (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                        |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO <sub>2</sub> OTHER <input type="checkbox"/>                                                                       | Bravo Dome Carbon Dioxide Gas Unit                              |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                        | 4. From or Lease No.<br>Bravo Dome Carbon Dioxide Gas Unit 1932 |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, NM 88240                                                                                                                                                | 9. Well No.<br>041 D                                            |
| 4. Location of Well<br>UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-N</u> RANGE <u>32-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Und. Tubb                     |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4739 RDB                                                                                                                                              | 12. County<br>Harding                                           |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

|                                                |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>             |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                 |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input checked="" type="checkbox"/> Name Change |

SUBSEQUENT REPORT OF:

|                                                       |                                               |
|-------------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>                | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPERATIONS <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/>  | OTHER <input type="checkbox"/>                |

17. 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.

Name changed from Culbertson No. 1

to Bravo Dome Carbon Dioxide Gas Unit 1932 Well No. 041 D

0+2 NMOC-D-SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 4-6-81

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: