

STRICT I

O. Box 1980, Hobbs, NM 88240

STRICT II

O. Drawer DD, Artesia, NM 88210

STRICT III

00 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**WELL API NO.**

30-021-20050

**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.**

1832-121G

**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.)

**Type of Well**

OR WELL ☐

GAS  
WELL ☐

OTHER

CO2

**Name of Operator**

AMOCO EXPLORATION AND PRODUCTION COMPANY

**Address of Operator**

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

**Well Location**

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 12 Township 18N Range 32E NMPM Harding County

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

4723.8 GR

**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 ☐

WELL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Yearly Bradenhead Test (TA Well) ☒

**2. 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.

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/21	420#	0	
1991	6/11	420#	0	
1992	6/11	410#	0	
1993	5/19	410#	0	
1994	5/27	410#	0	
1995	6/7	410#	0	
1996	5/22	410#	0	
1997	5/21	410#	0	
1998	9/3	410#	0	
1999				
2000				

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

SIGNATURE M. L. Clay TITLE Field Tech DATE 9/4/98

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)  
APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 9/14/98

CONDITIONS OF APPROVAL, IF ANY: