

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.

30-021-20054

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.

2031-181K

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 K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 18 Township 20N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4530 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)

Set 4-1/2" CIBP @ 1945' with 50' Class C cement on top.
Circulate well with mud laden fluid.
Pressure test 4-1/2" csg to 500 psi. Held.
Spot 10 sacks of Class C cement @ 1520' - 1369'.
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. Clean location. 11/19/97.

Inspected 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

B. E. Prichard

TITLE

Operations Specialist

DATE

10/20/97

TYPE OR PRINT NAME

TELEPHONE NO.

(505) 374-3053

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

1/12/98

CONDITIONS OF APPROVAL, IF ANY: