

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.

30-021-20075

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER C02

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 606, Clayton, NM 88415

8. Well No.

1832-101G

9. Pool name or Wildcat

Bravo Dome Carbon Dioxide Gas Un

4. Well Location

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

Section 10

Township 18N

Range 32E

NMPM

Harding

County

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

4620.4 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: T X A ☒

12. 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.

1. Move in rig up service unit 12/16/95
2. Kill well X nipple up BOP
3. Attempt to release packer X tubing parted
4. Pull tubing
5. Left packer in well at 2240 ft.
6. Run cast iron bridge plug
7. Cast iron bridge plug set @ 2227 ft.
8. Pressure test plug and casing to 500 psi, OK
9. Rig down move out service unit 12/16/95

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

SIGNATURE

Billy E. Prichard

TITLE

Field Foreman

DATE

11/16/95

TYPE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO. 505-374-3053

(This space for State Use)

APPROVED BY

[Signature]

TITLE

DISTRICT SUPERVISOR

DATE

11/28/95

CONDITIONS OF APPROVAL, IF ANY: