

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. 30-021-20076
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 ☒ CO2 OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2132 011K
3. Address of Operator P. O. Box 3092; Houston, TX 77253	9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>1</u> Township <u>T21N</u> Range <u>R32E</u> NMPM <u>HARDING</u> County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 4978	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Yearly Bradenhead Test (TA Well) ☒

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.				
YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	09/27	330#	0	
1991	09/20	320#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

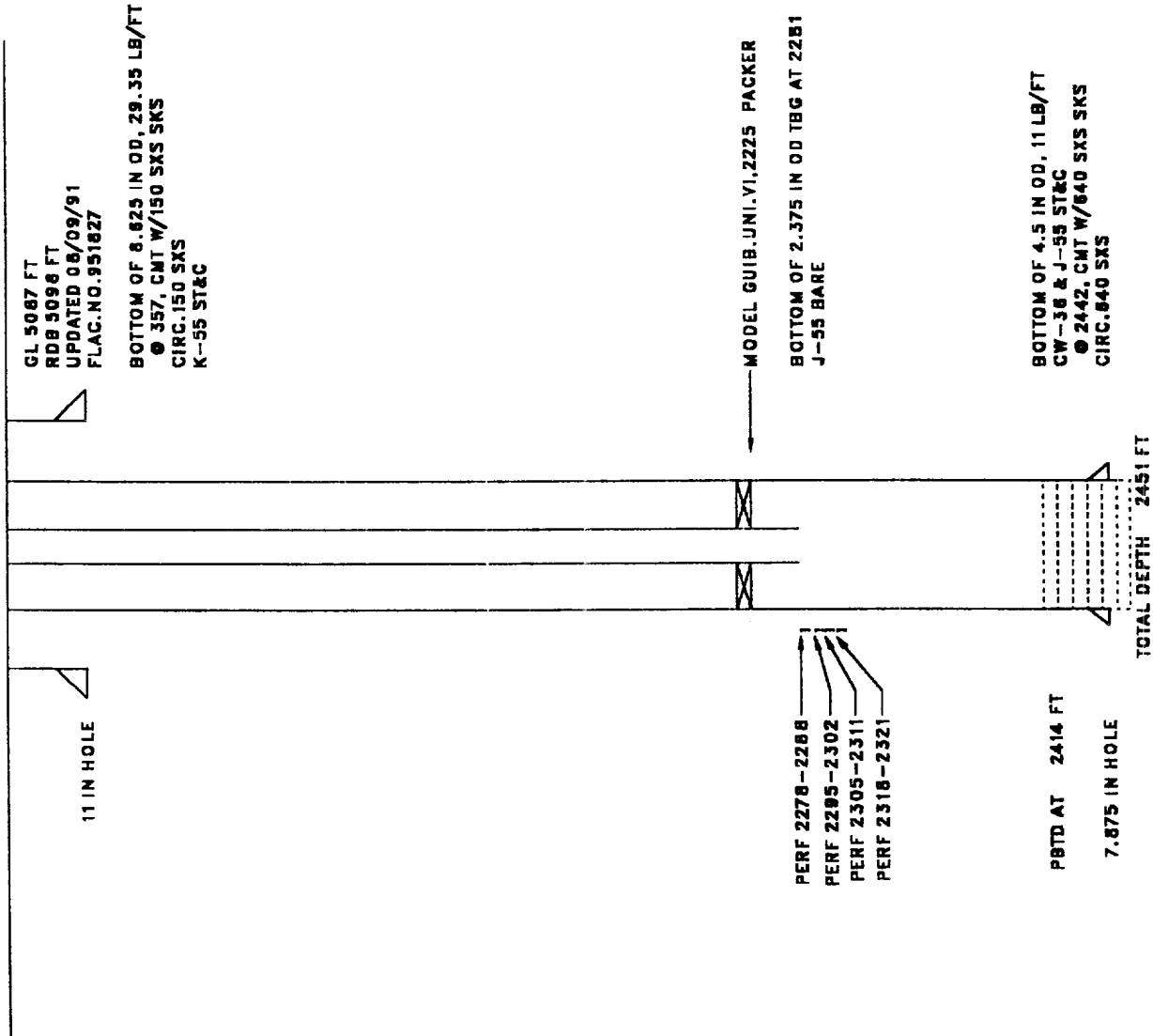
AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 9-20-92

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

SIGNATURE Mary Corley TITLE STAFF ADMIN ANALYST DATE 10/30/91
TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)
APPROVED BY Ry E Johnson DISTRICT SUPERVISOR DATE 11-13-91
CONDITIONS OF APPROVAL, IF ANY

BDCDGU WELL, 2131-021A
 STATE FE NO. 1, API NO. 30-021-21027
 660' FEL X 990' FNL, SEC. 02, T-21-N, R-31-E
 HARDING COUNTY, NEW MEXICO



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form 6-300
Revised 6-1-88

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WELL API NO. 30-021-20076
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 ☒ CO2 OTHER

2. Name of Operator:
Amoco Production Company

3. Address of Operator:
P. O. Box 3092; Houston, TX 77253

4. Well Location
Unit Letter K 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 1 Township T21N Range R32E NMPM HARDING County

10. Elevation (Show whether DP, RKB, RT, GA, etc.)
4978

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: Yearly Bradenhead Test (TA Well) ☒

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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	09/27	330#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE: C. M. Long TITLE: SR ADMINISTRATIVE ANALYST DATE: 12/13/90

TYPE OR PRINT NAME: C.M. LONG TELEPHONE: 713-556-3216

(This space for State Use)

APPROVED BY:

DISTRICT SUPERVISOR

1-11-91

CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 9-27-91

01 4978 FT
003 4989 FT
DATED 10/01/90
ACAD 801005

BOTTOM OF 8.625 IN OD. 34.0 LB/FT
1/2 IN. OMT W/500 SKS
1100 LBS SKS
55-S12C

- MODEL GUB8, UNIMVL2208 PAKER
BOTTOM OF 2.375 IN OD TBC AT 2208
+ 55 BARE

7,875 IN HOLE

TOTAL DEPTH 2638 FT

PBTD AT 2453 FT
BOTTOM OF 5.50 IN OD, 14.0 LB/FT
2638, CMT W/800 SKS
CIRC.200 SKS
K--55 ST&C