

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103 -  
Revised 10-1-75

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

5a. Indicate Type of Lease  
State ☐ Fee ☐  
5. 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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ CO<sub>2</sub> OTHER-

Bravo Dome Carbon Dioxide Gas Unit

1. Name of Operator  
Amoco Production Company

8. Name of Lease Unit 2132

2. Address of Operator  
P. O. Box 68, Hobbs, NM 88240

9. Well No.  
241 F

3. Location of Well  
UNIT LETTER F 1980 North 1980  
FEET FROM THE LINE AND FEET FROM  
West 24 21-N 32 E  
THE LINE, SECTION TOWNSHIP RANGE NMPM.

10. Field and Pool, or Wellset  
Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)  
4946 GL

12. County  
Harding OK

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|                                                |                                                       |                                                       |                                               |
|------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>             | REMEDIAL WORK <input type="checkbox"/>                | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                 | COMMENCE DRILLING OPERATIONS <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER Name Change <input checked="" 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 1101.

Name changed from State "JL" No. 1  
to Bravo Dome Carbon Dioxide Gas Unit 2132 Well No. 241 F

0+2 NMOCDF-SF 1-Hou 1-Susp 1-BD

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: