

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |  |
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OIL CONSERVATION DIVISION  
P. O. BOX 2068  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

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.

|                                                                                                                                                                                                             |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO <sub>2</sub> OTHER-                                                                                                    | Unit and Lease Name<br>Bravo Dome Carbon Dioxide Gas Unit        |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                             | 8. From or Lease Name<br>Bravo Dome Carbon Dioxide Gas Unit 1830 |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, NM 88240                                                                                                                                                     | 9. Well No.<br>021 F                                             |
| 4. Location of Well<br>UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18-N</u> RANGE <u>30-E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br>Und. Tubb                      |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4445 GL                                                                                                                                                    | 12. County<br>Harding                                            |

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 <input checked="" type="checkbox"/> Name Change | CASING TEST AND CEMENT JOBS <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 1103.

Name changed from State "KZ" No. 1  
to Bravo Dome Carbon Dioxide Gas Unit 1830 Well No. 021 F

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

18. 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: