

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.

30-021-20080

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.

1830-131K

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 EXPLORATION AND 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 13 Township 18N Range 30E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4427 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)

11/23/97

Set 5-1/2" CIBP @ 2026'

Circulate well with mud laden fluid

Spot 10 sacks of Class C cement @ 2026'-1928'

Test 5-1/2 csg to 500 psi - ok

11/24/97

Spot 15 sacks of Class C cement @ 1617'-1469'

Spot 5 sacks of Class C cement @ 30'-3'

11/24/97

Cut off wellhead and anchors 3' below ground level

Cap well with steel plate. Install dry hole marker.

Backfill pit and cellar. Clean location.

*Inspected 1/7/98  
OK RJP*

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 12/1/97

TYPE OR PRINT NAME B. E. PRICHARD TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR

DATE 1/12/98

CONDITIONS OF APPROVAL, IF ANY: