

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 ID NO. 33

30-021-20093

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.

1932-271J

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 Production Company

3. Address of operator

P.O. Box 3092,

Houston,

Texas

77253

4. Well Location

Unit Letter

J

: 1980

Feet From The

SOUTH

Line and

1980

Feet From The

EAST

Line

Section

27

Township

19N

Range

32E

NMPM

HARDING

County

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

4685.9 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: 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 JUNE 22 420# 0

1991 JUNE 11 425# 0

1992 JUNE 11 415# 0

1993

1994

1995

1996

1997

1998

1999

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

SIGNATURE

M. L. Clay

TITLE

FIELD TECH

DATE

10/5/92

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 375-3053

(This space for State Use)

APPROVED BY

Ry E Johnson

TITLE

COMMISSIONER

DATE

10-19-92

CONDITIONS OF APPROVAL, IF ANY