

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-70

|                        |  |
|------------------------|--|
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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.)

|                                                                                                                                                                                                        |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER-                                                                                                           | 7. Unit Agreement Name<br>Bravo Dome Carbon Dioxide Gas Unit     |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                        | 8. Form or Lease Name<br>Bravo Dome Carbon Dioxide Gas Unit 2031 |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, NM 88240                                                                                                                                                | 9. Well No.<br>341 G                                             |
| 4. Location of Well<br>UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>20-N</u> RANGE <u>31-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Und. Tubb                      |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>4691 GL                                                                                                                                               | 12. County<br>Harding                                            |

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 checked="" type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPER. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | 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.

Moved in completion unit 3-31-81. Perforated 2196'-98', 2201'-06', 2208'-12', 2221'-25', 2254'-56', 2259'-61', 2264'-68', 2272'-75' with 1 JSPF. Acidized with 2500 gal. 7-1/2% HCL acid. Fraced with 420 bbl. gelled 2% KCL with 30,240# 10/20 sand and 12000# 8/12 sand. Flushed with 52 bbl. 2% KCL water. Flow tested thru a separator for 120 hrs. at an average of 461 MCFD. Shut well in 4-10-81.

C+2-NMOCD, SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Davis TITLE Admin. Analyst (SG) DATE 4-15-81

APPROVED BY Carl Ulvog TITLE Chief, Oil and Gas Division DATE 4/23/81

CONDITIONS OF APPROVAL, IF ANY: