

## DISTRICT I

O. Box 1980, Hobbs, NM 88240

## DISTRICT II

O. Drawer DD, Artesia, NM 88210

## DISTRICT III

00 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL API NO.

30-021-20100

## 5. Indicate Type of Lease

STATE ☐ FEE ☐

## 6. State Oil &amp; Gas Lease No.

## 7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

## 8. Well No.

2032-291F

## 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)

## Type of Well

OIL WELL ☐ GAS WELL ☐ OTHER CO2

## Name of Operator

AMOCO PRODUCTION COMPANY

## Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

## Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 29 Township 20N Range 32E NMPM HARDING County10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4724.9 GR

## 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 ☐  
ILL 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) ☒

## 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)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/29	375#	0	
1991	6/19	380#	0	
1992	6/17	370#	0	
1993	5/27	370#	0	
1994	6/2	370#	0	
1995	6/30	370#	0	
1996	5/24	370#	0	
1997	7/8	370#	0	
1998	8/27	360#	0	
1999	6/22	360#	0	
2000	8/10	365#	0	

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 8/21/00NAME OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058This space for State Use Ky E. Johnson TITLE DISTRICT SUPERVISOR DATE 8/25/00

CONDITIONS OF APPROVAL, IF ANY: