

## DISTRICT I

O. Box 1980, Hobbs, NM 88240

## DISTRICT II

O. Drawer DD, Artesia, NM 88210

## DISTRICT III

100 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL API NO.

30-021-20106

## 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.

2031-211G

## 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 G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 21 Township 20N Range 31E NMPM HARDING County

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

4680 GR

## 1. 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 ☐WELL 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) ☒

## 2. 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	505#	0	
1991	6/19	505#	0	
1992	6/17	490#	0	
1993	5/28	490#	0	
1994	6/2	470#	0	
1995	6/30	470#	0	
1996	6/3	470#	0	
1997	7/8	470#	0	
1998	8/27	480#	0	
1999	6/22	480#	0	
2000	8/10	490#	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 8/21/00

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3058

This space for State Use

APPROVED BY

*R. E. Johnson*

TITLE DISTRICT SUPERVISOR

DATE

8/25/00

CONDITIONS OF APPROVAL, IF ANY: