

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-021-20111

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.

1830-121G

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 606, CLAYTON, NEW MEXICO 88415

4. Well Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 12 Township 18N Range 30E NMPM HARDING County

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

4455 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 27 565# 0

1991 JUNE 19 565# 0

1992 JUNE 16 550# 0

1993 MAY 25 550# 0

1994

1995

1996

1997

1998

1999

2000

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 10-4-93

TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 10-20-93

CONDITIONS OF APPROVAL, IF ANY