STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER- CO2

7. Unit Agreement Name: Bravo Dome Carbon Dioxi Gas Unit

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: Bravo Dome Carbon Dioxi Gas Unit

3. Address of Operator: P.O. BOX 68, HOBBS, NEW MEXICO 88240

9. Well No.: 2033-361G

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1680 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 20-N RANGE 33-E NMPM.

10. Field and Pool, or Wildcat: Bravo Dome Carbon Dioxi Gas Unit 640-Acre Area

15. Elevation (Show whether DF, RT, GR, etc.): 4925' GL

12. County: Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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.

Purpose to repair high casing pressure and shut-off water production with a CIBP. MISU.
Kill well with 2% KCL FW. Release packer and POH. RIH with CIBP and set at 2495.
Run packer and fiberglass tubing. Load annulus with corrosion inhibited fluid.
Swab tubing to recover load and return to production.

*Verbal Approval 5-12-87 to OM Mitchell

OH.-NMOCD,SF 1-R.A.Sheppard HOU. Rm.21.156 1-J.F. Nash HOU. Rm.4.206 1-Shell 1-SBB
1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action
1-Exxon

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

SIGNED O. M. Mitchell TITLE SR. Admin. Analyst DATE 5-7-87

APPROVED BY By E. Johnson TITLE DISTRICT SUPERVISOR DATE 5-13-87

CONDITIONS OF APPROVAL, IF ANY: