Submit 3 Copies 10 Арргоргийс District Office

DISTRICT II

1. Type of Well:

WELL

2. Name of Operator

3. Address of Operator

4. Well Location

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89**

DISTRICT P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

SUNDRY NOTICES AND REPORTS ON WELLS

DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OTHER

CO2

WELL X

P. O. Box 3092; Houston, Texas 77253

Amoco Production Company

P.O. Box 2088

WELL API NO. Santa Fe. New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

30-021-20164 5. Indicate Type of Lease FEE STATE 6. State Oil & Gas Lease No. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit 8. Well No. 2033-041G 9. Pool same or Wildcat Bravo Dome Carbon Dioxide Gas Unit

1083 Feet From The North 1980 Feet From The __East Unit Letter Line 33E 20N Harding Township Range NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5080 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ABANDONMEN **PULL OR ALTER CASING CASING TEST AND CEMENT JOB** OTHER: Re-perf to increase productivity X OTHER:

Rm: 20.132

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.

Move in and rig up service unit. Kill well with 2% KCL water and additives. Nipple up blow out preventor. Release packer and pull tubing. If necessary, clean out fill to 2650'. Perforate the following intervals 2484-2508, 2512-2550, 2555-2557, 2559-2563, 2572-2589, 2597-2604, 2606-2614 with 4 jspf. Rerun production equipment. Load annulus with inhibited fluid and test packer to 500 psi for 30 minutes. Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	Administrative Analyst	11/12/91
TYPEOR FRONT NAME Mark D. Randolph		713/ TELEPHONE NO. 556-3216
(This space for State User)	you grace and the second secon	11 10 91