

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-021-20170
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BRAVO DOME CO2 GAS UNIT
8. Well No.	1933-161G
9. Pool name or Wildcat	BRAVO DOME CO2 GAS UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4945 GL

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/>	2. Name of Operator Amoco Production Company
3. Address of operator P.O. Box 606, Clayton, NM 88415	4. Well Location Unit Letter G 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 16 Township 19N Range 33E NMPM HARDING County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4945 GL	

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: ☐

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.

Shut-in 10/19/92 producing less than 1 MCFD trun to T X A status

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

SIGNATURE Billy E. Prichard TITLE FIELD FOREMAN DATE 11/6/92
TYPE OR PRINT NAME B. E. PRICHARD TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 12-1-92
CONDITIONS OF APPROVAL, IF ANY: