

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.
30-021-20180

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. 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. Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER C02

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

7. Lease Name or Unit Agreement Name
BRAVO DOME C02 GAS UNIT

8. Well No.
1833-151G

9. Pool name or Wildcat
BRAVO DOME C02 GAS UNIT

4. Well Location
Unit Letter G : 1813 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 15 Township 18N Range 33E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4740 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
SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, Kill well as necessary, NUBOP, Rel pkr, LD production tbg and packer, Run tbg to 2480 ft, Spot 35 sx cmt, Pull tbg, WOC, Run tbg tag cmt, Cmt should be above 2430 ft, Prs tst csg to 500psi, disp well with mud laden fluid, Pull tbg to 1987 ft, Spot 17sx cmt, Pull tbg to 30 ft and fill csg with cement, NDBOP, Cut off wellhead, Install PXA marker, RD MOSU, Cut off SU anchors and clean location

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist DATE 1/20/98

PE OR PRINT NAME B. E. Prichard TELEPHONE NO. (505) 374-3053

PROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2-5-98

CONDITIONS OF APPROVAL, IF ANY: