State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-021-20198

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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well

OIL WELL ☐   GAS WELL ☐   OTHER   CO2

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
1833-141F

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

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter   F   : 1980   Feet From The   North   Line and   1980   Feet From The   West   Line

Section   14   Township   18N   Range   33E   NMPM   Harding   County

10. Elevation   (Show whether DF, RKB, RT, GR, etc.)   4743   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: ☐		

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,NUBOP,Run 6.250"bit,DC,tbg,Drill out CIBP at 2450ft, Run tbg to 2500ft,Spot 35 sx cmt,
Pull tbg, WOC,Run tbg tag cmt, Cmt should be above 2440ft, Disp csg with mud laden fluid,
Prs tst csg 500psi,Pull tbg to1960ft,Spot 17sx cmt,Pull tbg to 30ft,Fill csg with cmt,NDBOP,
Cut off well head,Install PXA marker,RDMOSU, Cut off Su anchors,Clean Location

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

SIGNATURE _____   TITLE   Operations Specialist   DATE   1/14/98

TYPE OR PRINT NAME   B. E. Prichard

TELEPHONE NO.   (505) 374-3053

(This space for State Use)
APPROVED BY _____   TITLE   DISTRICT SUPERVISOR   DATE   1/16/98
CONDITIONS OF APPROVAL, IF ANY: