

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2084
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 12-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
SAND OFFICE	
OPERATOR	

10. Indicate Type of Lease	State ☐ Fee ☒
11. 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 TO DRILL OR TO DEEPEN OR PLUG BACK FOR SUCH OPERATIONS.)

1. ☐ OIL WELL ☒ GAS WELL OTHER: C02	7. Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Name of Lease Name Bravo Dome Carbon Dioxide Gas Unit
3. Address of Operator P.O. Box 606, Clayton, NM 88415	9. Well No. 1833 141F
4. Location of well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>18-N</u> RANGE <u>33-E</u>	10. Field and Pool, or Wildcat Bravo Dome Carbon Dioxide Gas Unit 640-Acre area
15. Elevation (Show whether DF, RT, GR, etc.) 4743' G.L.	12. County Harding

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: <u>restake well location</u> ☒	CASING TEST AND CEMENT JOB ☐	

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.

Propose to restake BDCDGU Well # 1833 141G to a unit letter F due to the granite intrusion encountered on BDCDGU Well No. 1833 241G.

0+2 NMOCD,SF 1-J.R.Barnett HOU-Rm 21.156 1-F.J.Nash,HOU RM 4.206 1-WF,G- 1-WF,H
1-Susp 1-JSM 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-C02 in Action
1-Sun 1-Excelsior 1-Tex 1-Exxon

RECEIVED
AUG 31 1984

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

SIGNED: John S. McElyea TITLE: Asst. Adm. Analyst DATE: 8-28-84
APPROVED BY: [Signature] TITLE: MANAGER DATE: 9-4-84
CONDITIONS OF APPROVAL, IF ANY: