

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20206

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1833-101G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

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.)

Type of Well

OIL WELL ☐

GAS
WELL ☐

OTHER

CO2

Name of Operator

AMOCO PRODUCTION COMPANY

Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

Well Location

Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 10 Township 18N Range 33E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4740 GL

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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 2500 ft, Spot 35 sx cmt, Pull tbg, WOC, Run tbg tag cmt, Cmt should be above 2410 ft, Prs tst csg to 500psi, disp well with mud laden fluid, Pull tbg to 1986 ft, Spot 18sx 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 certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Billy E. Prichard TITLE Operations Specialist

DATE 1/20/98

PRINT NAME B. E. Prichard

TELEPHONE NO. (505) 374-3053

Place for State Use)

SIGNED BY [Signature]

TITLE DISTRICT SUPERVISOR

DATE 2-5-98

REASON OF APPROVAL, IF ANY: