

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 12-81

5. INDICATE TYPE OF NOTICE	State ☒	Fed ☐
6. STATE OIL & GAS COMMISSION		

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR.
USE APPLICATION AND PERMIT WITH LEGAL GUIDELINES FOR SUCH PROPOSALS.

1. OIL WELL ☐ GAS WELL ☒ OTHER: CO2	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. 1733 301G
4. Location of well UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE. SECTION 30 TOWNSHIP 17-N RANGE 33-E N.M.P.M.	10. Field and Pool or Allotment Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area
11. Elevation (Show whether DF, RT, GR, etc.) 4675' GL	12. Casing Harding

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPERATIONS ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Moved in service unit 1-4-85. Pressure test casing to 1500 PSI. Ran swab unit and recovered 105 BW in 2½ hours. On 1-7-85 perforated intervals 2540-2550, 2560-2590 with 2 JSPF. Ran and set packer at 2498. Stimulated well with 1200 gallons 7½% HCL with additives and 6 ball sealers per bbl.

0+2-NMOCD,SF 1-J.R.Barnett HOU.Rm.21.156 1-F.J.Nash HOU RM.4.206 1-WF,C 1-WF,H 1-Susp
1-JSM 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Sun
1-Excelsior 1-Tex 1-Exxon

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

APPROVED BY <i>John S. Galt</i>	TITLE Asst. Adm. Analyst	DATE 3-27-85
APPROVED BY <i>Ray Galt</i>	TITLE SUPERVISOR	DATE 3-29-85
CONDITIONS OF APPROVAL, IF ANY:		