

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. 30-021-20209
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 ☒ CO₂ OTHER ☐	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit.
2. Name of Operator Amoco Production Company	8. Well No. 2129-351J
3. Address of Operator PO Box 3092; Houston Texas 77253	9. Pool name or Wildcat Carbon Dioxide Gas Unit
4. Well Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line Section 35 Township T21N Range R29E NMPM Harding County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5409

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. 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:

1. Load wellbore with 2% KCL water. Pull out of hole with packer and tubing.
2. Run in hole with Cast iron bridge plug and set at 2200 feet.
3. Spot 10 sacks of class C neat on Cast iron bridge plug. Wait on Cement overnight.
4. Load wellbore and pressure test to 500 psi for 30 min. If pressure test fails, authorization to permanently plug and abandon will be pursued.
5. Rig down and move out Service Company.

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

SIGNATURE Mark Randolph TITLE ADMIN. ANALYST DATE 4-12-91

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO. _____

(This space for State Use)

APPROVED BY R. E. Johnson DISTRICT SUPERVISOR DATE 4-19-91

CONDITIONS OF APPROVAL, IF ANY: _____