

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 ☒ CO ₂ OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Prod. Co	8. Well No. 2129-351 J
3. Address of Operator P.O. Box 3092 Houston, Texas 77253	9. Pool name or Wildcat Und. Tubb
4. Well Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line Section 35 Township 21 Range 29 NMPM Harding County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5409 GR

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: Temporarily Abandon ☐

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.

9/14/90 Rig up Halliburton, Tubing pressure 950psig, Casing pressure 140psig, Bleed casing pressure to 0psi, Load casing with 45 bbl water, Pmp via tubing 45 sack Class C Neat cemen displace with 22 bbls water, Final tubing pressure 1500psi Shut In, No additional work until further evaluation

9/27/90 Tubing pressure 50psig, Casing pressure 0psig, tubing pressure bled to 0psig in 2 seconds

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

SIGNATURE Billy E. Prichard TITLE Field Foreman DATE _____
TYPE OR PRINT NAME Billy E. Prichard 505 TELEPHONE NO. 374 838

(This space for State Use)

APPROVED BY Ry Ephraim TITLE DISTRICT SUPERVISOR DATE 4-19-91
CONDITIONS OF APPROVAL, IF ANY: