

Submit 3 Copies

to Appropriate

District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103

Revised 1-1-89

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.

30-021-20238

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

1. Type of Well

OIL
WELL ☐GAS
WELL ☐

OTHER

CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

2033-201G

3. Address of Operator

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

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 20 Township 20N Range 35E NMPM Harding County10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5037 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐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.

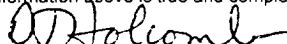
7/20/00

MIRUSU, kill well with fresh water, squeeze 45 sacks of class C cement down 4 1/2" fiberglass casing, displaced cement to 1900', WOC, run wireline and tag cement at 1942', pressure test casing to 500 psi, spot 5 sacks of cement from 30' to surface, RDMOSU, cut off wellhead, install PXA marker, cut off well anchors and clean location.

OK
8/17/00

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

SIGNATURE



TITLE

Field Foreman

DATE

7-21-2000

TYPE OR PRINT NAME

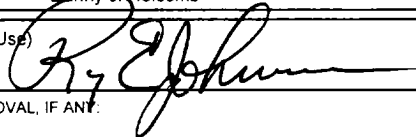
Danny J. Holcomb

TELEPHONE NO.

(505) 374-3010

(This space for State Use)

APPROVED BY



TITLE

DISTRICT SUPERVISOR

DATE

8/18/00

CONDITIONS OF APPROVAL, IF ANY: