

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-021-20250

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-4628

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☐ GAS WELL ☒ OTHER CO2 ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name

Bravo Dome Carbon Dioxide Gas Unit - 2132

2. Name of Operator

Amoco Production Company

8. Well No.

251G

3. Address of operator

P.O. Box 606 Clayton N. Mex. 88415

9. Pool name or Wildcat

Tubb

4. Well Location

Unit Letter G : 1949 Feet From The East Line and 1996 Feet From The North Line
Section 25 Township T 21 N Range R 32 E NMPM Harding County

10. Proposed Depth
2446

11. Formation
Tubb

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
4936

14. Kind & Status Plug. Bond
Blanket On File

15. Drilling Contractor
N/A

16. Approx. Date Work well start
07-15-93

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8" Steel	24#	700'	Circulate to Surface	Surface
7 7/8"	4 1/2" Fiberglass	2000# psi	2246'	Circulate to Surface	Surface

Propose to Drill & Equip well in the Tubb formation. To reach total depth, a 3 7/8" open hole will be air drilled approximately 200' below 4 1/2" casing.

Mud Program: 0-700' gel-Spud Mud
700-2200' Starch/Gel
2200-2325 Air

BOP Program Attached

APPROVAL VALID FOR _____ DAYS
PERMIT EXPIRES 12-31-93
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Joy Filkins TITLE Administrative Secretary DATE 5-6-93

TYPE OR PRINT NAME Joy Filkins TELEPHONE NO. (713) 556-3613

(This space for State Use)

APPROVED BY Ry E. Johnson DISTRICT SUPERVISOR TITLE _____ DATE 5-13-93

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State - 4 copies
Fee Lease - 8 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-188
Revised 1-1-89

OIL CONSERVATION DIVISION

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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1808 Rio Bravo Rd., Anton, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

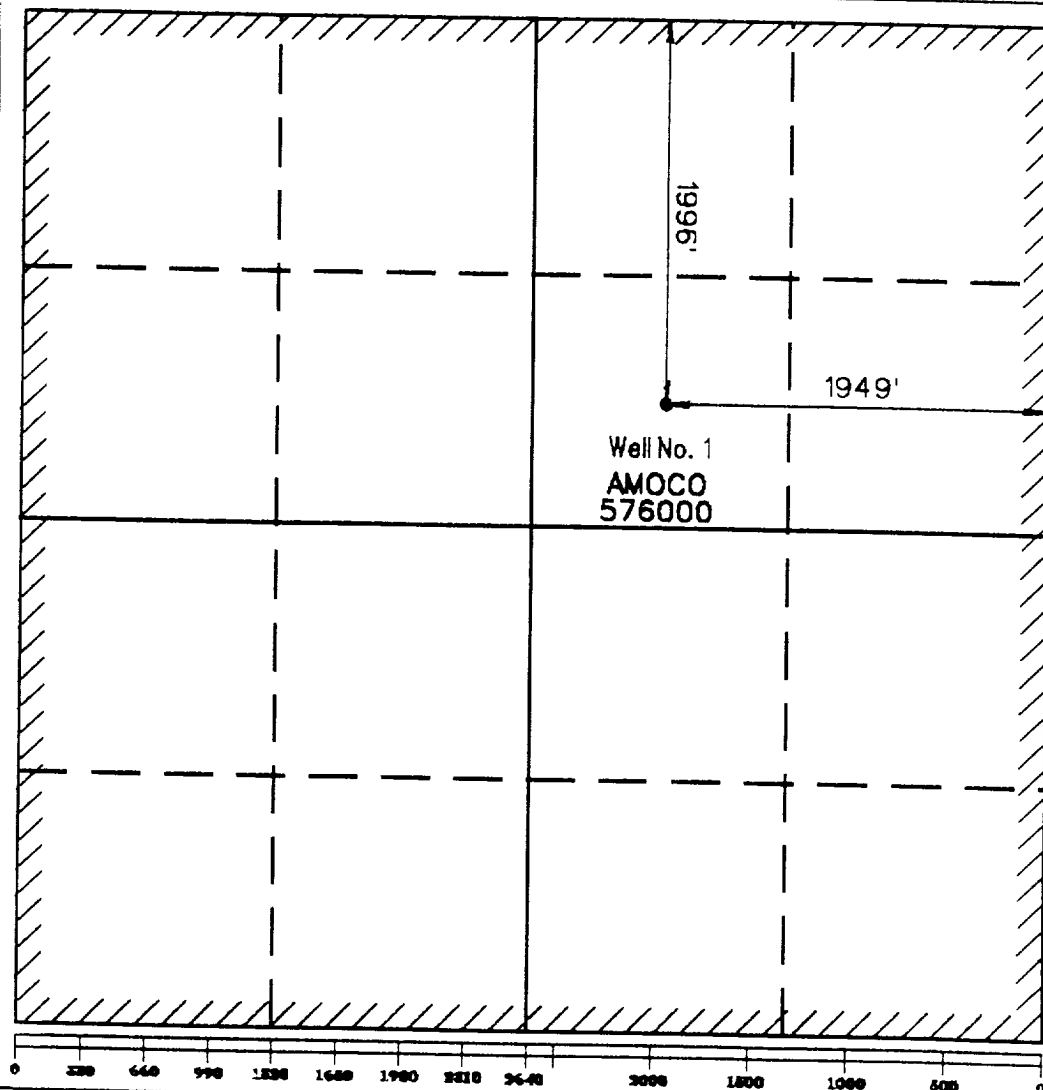
Operator AMOCO PRODUCTION COMPANY			Lease BRAVO DOME CARBON DIOXIDE GAS UNIT		Well No. 1
Unit Letter G	Section 25	Township 21 NORTH	Range 32 EAST	NMPM	County HARDING
Actual Footage Location of Well: 1949 feet from the EAST line and 1996 feet from the NORTH line					
Ground Level Elev. 4921.50'		Producing Formation TUBB		Pool BRAVO DOME CARBON DIOXIDE GAS	Dedicated Acreage 640 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or ink marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, forced-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable well be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
Joy Gillins
Printed Name
Joy Gillins
Position
Secretary
Company
Amoco Production
Date
5/6/93

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
MARCH 15, 1993

Signature & Seal of
Professional Surveyor

Larry A. Fisher
LARRY A. FISHER

Certificate No.
11013