

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-021-20261
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER CO2	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit - 2133
2. Name of Operator Amoco Production Company	8. Well No. 101J
3. Address of operator P.O. Box 606 Clayton New Mexico 88415	9. Pool name or Wildcat
4. Well Location Unit Letter J : 1889 Feet From The East Line and 2007 Feet From The South Line Section 10 Township T21N Range R33E NMPM Harding County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: FRAC job ☒

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.

Rigged up true daver 9/12/93 and fraced down casing with 10,000 70 Quality foam pad and 8000 gal 60 Quality foam and ramp sand 1-8 ppe. Total fluid used 9165 gal and .50 tons CO2 with 35,200 lbs 12/20 Brady sand. ISIP 822 and ave 26.3 and average pressure 1794 and max. pressure 1896. Flow tested well. Ran in hole Gamma Ray tool and ran tracer survey. Hooked well up to production.

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 9-30-93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO.

(This space for State Use)

APPROVED BY Ry E Johnson DISTRICT SUPERVISOR DATE 10-7-93
CONDITIONS OF APPROVAL, IF ANY: