

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.

30-021-20104

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME C02 GAS UNIT

8. Well No.

1831-161F

9. Pool name or Wildcat

BRAVO DOME C02 GAS UNIT

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 ☐

OTHER

C02

2. Name of Operator

AMOCO EXPLORATION AND PRODUCTION COMPANY

3. Address of Operator

P.O. Box 606, CLAYTON, NEW MEXICO 88415

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 16 Township 18N Range 31E NMPM Harding County

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

4340

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.

MIRUSU, Kill well as nessecary, NUBOP, Rel pkr, LD production tbg and pkr, Run Cast iron BP with wireline, Set CIBP @ 2084ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 5 sx cmt, Pull tbg to 1668 ft, Spot 10 sx cmt, Pull tbg to 30ft, Fill csg with cmt, NDBOP, Cut off wellhead, Install PXA marker, RDMOSU, Cut off SU anchors, Clean location

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

SIGNATURE

TITLE

Operations Specialist

DATE 1/20/98

TYPE OR PRINT NAME

B. E. Prichard

TELEPHONE NO.

(505) 374-3053

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

2-5-98

CONDITIONS OF APPROVAL, IF ANY: