

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.

30-037-20037

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 ☐

OTHER

CO2

2. Name of Operator

AMOCO EXPLORATION AND PRODUCTION COMPANY

3. Address of Operator

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

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1736-281J

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 38 Township 17N Range 36E NMPM Quay County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4325 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 ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☒

12. Describe Proposed or Completed Operations

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, Kill well as nessecary, NUBOP, Rel pkr, LD production tbg and pkr, Run Cast iron BP with wireline, Set CIBP @ 2126 ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 9 sx cmt, Pull tbg to 1454 ft, Spot 25 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

Billy E. Prichard

TITLE Operations Specialist

DATE 1/20/88

TYPE OR PRINT NAME

TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY

TITLE DISTRICT SUPERVISOR

DATE 2-5-98

CONDITIONS OF APPROVAL, IF ANY: