

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL x 2310' FEL (UNIT G, SW1/4, NE1/4)	5. LEASE DESIGNATION AND SERIAL NO. NM-26033	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
14. PERMIT NO. 30-037-20043	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4560' GL	16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)	7. UNIT AGREEMENT NAME Bravo Dome Carbon Dioxide Gas Unit	8. FARM OR LEASE NAME Bravo Dome Carbon Dioxide Gas Unit
			9. WELL NO. 1735 201G		
			10. FIELD AND POOL, OR WILDCAT Bravo Dome Carbon Dioxide Gas Unit - 640 Acre Area		
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-17N-35E		
			12. COUNTY OR PARISH Quay		
			13. STATE NM		

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion Activity <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

MISC 10-14-85. Released packer and PDH. RIH with CIBP and set at 2450'. Pulled tubing to 2430' and swabbed 100BW. Perforated 2424-36' with 4 SPF. RIH with prod. equip. and set packer at 2371'. Pressure tested packer and casing 1000 psi-ok. Stimulated with 15 Tons CO₂. MISC 10-18-85 and flow tested 6 1/2 hrs. Last 24 hrs flowed 1 MCFD. Shut-in well to evaluate additional work.

0 + 5 BLM R, 1 - JRB, 1 - FJN, 1 - CMH 12-BDCDGU Dist List

18. I hereby certify that the foregoing is true and correct

SIGNED Charles M. Lerry

TITLE Administrative Analyst (SG) DATE 11/7/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

NOV 12 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side