| State of New Mexico   |  |  | Form C-103  |  |  |
|---|--|--|---|--|--|
| Submit 3 Copies<br>to Appropriate<br>District Office                          | Energy, Minerals and Natural Reso  | urces Department   | Revised 1-1-89                                      |  |  |
|   | OIL CONSERVATION   | DIVISION   | WELL API NO.  |  |  |
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240                                  | P.O.Box 2088   |  | 30-059-20026  |  |  |
| Sente En Now Mexico 87504-2088  |  | 504-2088   |   |  |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210                              |  |  | 5. Indicate Type of Lease<br>STATE FEE              |  |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                          |  |  | 6. State Oil & Gas Lease No.                        |  |  |
|   | IOTICES AND REPORTS ON WE  | 115  |   |  |  |
| (DO NOT USE THIS FORM FOR   | PROPOSALS TO DRILL OR TO DEEPEN<br>SERVOIR. USE "APPLICATION FOR PE<br>M C-101) FOR SUCH PROPOSALS.) | 7. Lease Name or Unit Agreement Name<br>Bravo Dome Carbon Dioxide Gas Unit |   |  |  |
| 1. Type of Well   |  |  |   |  |  |
| OIL GAS WELL  | OTHER  | CO2  |   |  |  |
| 2. Name of Operator   |  | 8. Well No.<br>2034-3630   |   |  |  |
| Amoco Exploration & Production  | Company  | 9. Pool name or Wildcat  |   |  |  |
| 3. Address of operator  |  | 9. Pool name of which at<br>Bravo Dome CO2 Gas Unit                        |   |  |  |
| P.O. Box 606 Clayton,   | New Mexico 88415   |  |   |  |  |
| 4. Well Location<br>Unit LetterO :  | 1315 Feet From The South   | Line and 1   | 980 Feet From The East Line                         |  |  |
| Section 36  | rennip   |  | NMPM Union County                                   |  |  |
|   | 10. Elevation (Show wheth  | 4739 GR  |   |  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |  |  |   |  |  |
| NOTICE OF INTENTION TO:   |  |  | UBSEQUENT REPORT OF:                                |  |  |
| NOTICE OF   |  |  |   |  |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON   | REMEDIAL WORK  |   |  |  |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILLING  |   |  |  |
| PULL OR ALTER CASING  |  | CASING TEST AND C  | EMENT JOB   |  |  |
| OTHER:  |  |  |   |  |  |
|   | 1 Oramtions (Clearly state all pertinent deta  | ils, and give pertinent dates  | , including estimated date of starting any proposed |  |  |

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.

Move in and rig up service unit 10-19-94.Kill well with 15 bbls of water. Nipple up BOP..Release packer and lay down tubing and packer. Run tubing open ended. tubing landed at 2200 ft. Spot 40 sacks of Class "C" cement. Pull tubing and pressure casing to 100 psi. WOC..Run tubing and tag cement at 1887 ft. Pressure test casing to 250 psi OK. Displace casing with gelled water. Spot 18 sacks of Class "C" cement..Pull tubing. Tubing landed at 383 ft. Spot 7 sacks of Class "C" cement. Pull tubing, tubing landed at 31 ft. Circulate cement to surface with 5 sacks of Class "C" cement. Nipple down BOP. Rig down and move out service unit 10-21-94. Cut off wellhead and install PXA marker. Cut off service unit anchors and clean location.

| <u> </u>   | the second ball of                     |                              |
|--|--|------------------------------|
| I hereby certify that the information above is true and complete | to the best of my knowledge and benef. |                              |
| SIGNATURE Billy E. Frichan                                       | Field Foreman                          | DATE0-21-94                  |
| SIGNATURE  |  | TELEPHONE NO. (505) 374-3053 |
| TYPE OR PRINT NAME   | Billy E.Prichard                       |                              |
| (This space for State Use) Shahum                                | DISTRICT SUPERVISION                   | DATE 1-30-95                 |
| APPROVED BY  | TITLE                                  |                              |
| CONDITIONS OF APPROVAL, IF ANY:                                  |  |                              |