

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.	30 059 20027
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 ☒ CO2 OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 1934 231K
3. Address of Operator P. O. Box 3092; Houston, TX 77253	9. Pool name or Wildcat
4. Well Location	

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 23 Township 19-N Range 34-E NMPM UNION County

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

4749' GL

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: <u>PERFORATED TO INCREASE PRODUCTION</u> ☒	

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.

Moved in and rigged up service unit 7-20-91. Changed out well head and installed blow out preventor. Released packer and pulled 3 1/2" tubing. Rigged up wire line and perforated intervals 2164-2170, 2178-2188, 2192-2220, 2234-2238, 2252-2280, 2292-2300, 2310-2318, 2326-2338, and 2354-2360 with 4 jsfp. Run in hole 3 1/2" fiberglass tubing and set packer at 1911'. Pressure test casing to 500 psi for 30 min. and held O.K. Rigged down and moved out service unit 7-23-91

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

SIGNATURE Mark Pandolph TITLE Admin. Analyst DATE 11-14-91
TYPE OR PRINT NAME _____ 713/
TELEPHONE NO. 556-3216

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 11-25-91
CONDITIONS OF APPROVAL, IF ANY: _____