

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.

30-059-20107

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.)

7. Lease Name or Unit Agreement Name

Bravo Dome Carbon Dioxide
Gas Unit

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

CO₂

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

2035-301G

3. Address of Operator

P. O. Box 3092, Houston, Texas 77253

Rm: 20.132

9. Pool name or Wildcat

4. Well Location

Unit Letter G : 1980 Feet From The South

Line and 1980

Feet From The East

Line

Section 30

Township 20N

Range

35

35E

NMPM

Union

County

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

4965GL

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 ☐

Re-perf

OTHER: To increase production ☒

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.

Move in and rig up service unit. Kill well with 2% KCL and additives. Nipple up blow out preventor. Release packer and pull tubing. If necessary, clean out fill to 2400'. Perforate the following intervals 2241-2264, 2266-2276, 2278-2288, 2290-2300, 2304-2317, 2322-2328, 2333-2348 with 4 jspf. Rerun production equipment. Load annulus with inhibited fluid and test packer to 500 psi for 30 minutes. Return well to production.

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

SIGNATURE Mark Randolph

TITLE Administrative Analyst

DATE 11/12/91

TYPE OR PRINT NAME Mark D. Randolph

713/
TELEPHONE NO. 556-3216

(This space for State Use)

APPROVED BY Ry E Johnson

TITLE

DISTRICT SUPERVISOR

DATE 11-18-91

CONDITIONS OF APPROVAL, IF ANY