

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-059-20125
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Bravo Dome Carbon Dioxide Gas Unit
8. Well No.	2233-261F
9. Pool name or Wildcat	Bravo Dome Carbon Dioxide Gas Unit
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4885

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Amoco Production Company	
3. Address of operator P.O. Box 3092, Houston, Texas 77253	
4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 26 Township T22N Range R33E NMPM Union County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4885	

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: Flow test well ☒

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.

Stabilize well for 24 hours. Flow test for 72 hours at 180 psig. Return well to shut-in status

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

SIGNATURE Mark Randolph TITLE Business Analyst DATE 03-11-93
TYPE OR PRINT NAME Mark Randolph TELEPHONE NO. (713) 556-3216

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3-18-93
CONDITIONS OF APPROVAL, IF ANY: