

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

O. Box 1980, Hobbs, NM 88240

DISTRICT II

O. Drawer DD, Artesia, NM 88210

DISTRICT III

000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-059-20192

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.)

Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER

CO2

Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

1835-161M

Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

Well Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line
Section 16 Township 18N Range 35E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4650 GR

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 ☐

WELL OR ALTER CASING ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

Describe Proposed or Completed Operations
SEE RULE 1103

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, kill well as necessary, NUBOP, release packer, lay down production tubing and packer, run workstring to 2,495 feet, spot 67 sacks of cement, pull workstring, WOC, run workstring, tag cement, cement should be above 2,373 feet, pressure test casing to 500 psi, displace casing with mud laden fluid, pull workstring to 1,851 feet, spot 15 sacks of cement, pull workstring to 30 feet and fill casing with cement, NDBOP, cut off wellhead, install PXA marker, RDMOSU, cut off well anchors and clean location.

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

SIGNATURE Denny J. Holcomb TITLE Field Foreman

DATE 8-18-99

PE OR PRINT NAME Denny J. Holcomb

TELEPHONE NO. (505) 374-3010

This space for State Use

PROVED BY Ry Elphum

TITLE DISTRICT SUPERVISOR

DATE 8/23/99

CONDITIONS OF APPROVAL, IF ANY