

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.

30-059-20204

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1934-321A

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

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 ☐

OTHER

SWD

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

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

4. Well Location

Unit Letter A : 956 Feet From The north Line and 956 Feet From The east Line
Section 32 Township 19N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4912 GR

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: ☐

12. 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)

Rig up Halliburton Energy Services 10/05/97, Press annulus to 250 psi, OK, Acidize Glorietta with 250 gallons of 7.5% FE HCL acid and additives, Displace with 28 barrels of fresh water, Average injection rate of 1.5 BPM, Maximum pressure 550 psi, Average pressure 380psi, Instant Shut in Pressure Strong Vacuum, Return annulus pressure to 0 psi., Return well to injection 10/05/97

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

SIGNATURE

Billy E. Prichard

TITLE

Operations Specialist

DATE

10/06/97

TYPE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO.

(505) 374-3050

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

10/9/97

CONDITIONS OF APPROVAL, IF ANY: