

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-100
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.

30-059-20213

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.

1834-261G

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

CO2

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 606, Clayton, NM 88415

4. Well Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line

Section 26

Township

18N

Range

34E

NMMPM

Union

County

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

4710 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: Yearly Bradenhead Test (TA Well) ☒

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.

Year	Month/Day	Tubing Pressure	Casing Pressure	Bleed Down Time
1994	June 6	280#	0	
1995	June 7	280#	0	
1996	May 21	280#	0	
1997				
1998				
1999				
2000				

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

SIGNATURE M. L. Clay

TITLE Field Tech

DATE 8-5-96

TYPE OR PRINT NAME M. L. Clay

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Ry Johnson

TITLE

DISTRICT SUPERVISOR

DATE 8-27-96

CONDITIONS OF APPROVAL IF ANY: