

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CO2	5. LEASE DESIGNATION AND SERIAL NO. NM-19514
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	7. UNIT AGREEMENT NAME Bravo Dome Carbon Dioxide Gas Ut.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL X 1650' FWL (Unit K, NE/4 SW/4)	8. FARM OR LEASE NAME Bravo Dome Carbon Dioxide Gas Ut.
14. PERMIT NO.	9. WELL NO. 1835 171 K
15. ELEVATIONS (Show whether DT, RT, CR, etc.) 4695' GL	10. FIELD AND POOL, OR WILDCAT Und. Tubb
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-18N-35E
	12. COUNTY OR PARISH Union
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PCLL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐  
☒

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) new well completion

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

On 12-8-83 Aztec Drilling Co. (Rig #56) spudded a 12-1/4" hole at 6:30 pm. Drilled to 725' and set 9-5/8" casing. Cemented with 413 cuft class H cement and additives. Circulated 106 cuft to pit and plugged down at 9:15 pm on 12-9-83. Tested casing at 600 psi for 30 min and OK. Logged and ran 7" casing set at 2832'. Total depth is 2832' and was reached 12-12-83. Cemented with 1015 cuft. class H and additives. Plugged down at 8:00 am on 12-13-83. Circulated 360 cuft to pit and tested casing at 1500 psi for 30 min and OK. Rig released at 11:00 am on 12-13-83. Moved in completion unit 1-1-84. Perforated 2457'-2472', 2475'-2480', 2482'-2496', 2499'-2508', 2510'-2582' and 2540'-2548' with 2 SPF. Acidized with 2500 gals 7-1/2% HCL and acid and additives. Flow tested thru a separator at an average of 2500 MCFD for 500 hours.

O+5-BLM, R O+2-NMOCD,SF 1-HOU R. E. Ogden, Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-SUSP  
1-Amerada 1-Cities Service 1-Conoco 1-CO2 In Action 1-Excelsior 1-Sun. Tex. 1-Exxon 1-PJS  
1-Jim Russell, Clayton

18. I hereby certify that the foregoing is true and correct

SIGNED

*Putu J. Sena*

TITLE

Assist. Admin. Analyst

DATE

2-6-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 10 1984

NMOCD

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

*SMA*

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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> C02	7. UNIT AGREEMENT NAME Bravo Dome Carbon Dioxide Gas Ut.
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME Bravo Dome Carbon Dioxide Gas Ut.
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	9. WELL NO. 1835 171 K
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14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-18N-35E
15. ELEVATIONS (Show whether on top of or below ground level) 4695' GL	12. COUNTY OR PARISH Union
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) new well completion

REPAIRING WELL

ALTERING CASING

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