

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

3a. Indicate Type of Lease

State ☐ Fee ☒

5. 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.)

OIL WELL ☐

GAS WELL ☐

OTHER- CO₂

Name of Operator

AMOCO PRODUCTION COMPANY

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER G 1650' FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 11 TOWNSHIP 18-N RANGE 35-E N.M.P.M.

7. Unit Agreement Name
Bravo Dome Carbon Dioxide Gas Unit

8. Field Name
Bravo Dome Carbon Dioxide Gas Unit

9. Well No.

1835 111G

10. Field and Pool or Wides
Bravo Dome Carbon Dioxide Gas Unit 240-Acre Area

15. Elevation (Show whether DF, RT, GR, etc.)

4495' GL

12. County
Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Propose to frac stimulate the Tubb formation to increase production. MI and RUSU. Frac with 40# HEC gelled with 2% KCL FW, liquid CO₂ and 8/16 Brady sand. Shut-in well for 1 hour then flow to tank to recover load water. Clean out sand as needed to 2235. Return to production.

+2-NMOCD,SF 1-R.A. Sheppard HOU. Rm. 20.156 1-J.F. Nash HOU. Rm. 17.188 1-SBB
-CMH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO₂ in Action 1-Shell
-Exxon 1-WF, Hobbs

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

WITNESSED BY O.M. Mitchell

TITLE Sr. Admin. Analyst

DATE 7-21-87

PROVED BY [Signature]

TITLE DISTRICT SUPERVISOR

DATE 7-27-87

CONDITIONS OF APPROVAL, IF ANY: