STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. 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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER- CO2

7. Unit Agreement Name
Bravo Dome Carbon Dioxide Gas Unit

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Farm or Lease Name
Bravo Dome Carbon Dioxide Gas Unit

3. Address of Operator
P.O. BOX 68, HOBBS, NEW MEXICO 88240

9. Well No.
1834-211G

4. Location of Well
UNIT LETTER G, 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 18-N RANGE 34-E NMPM.

10. Field and Pool, or Wildcat
Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area

15. Elevation (Show whether DF, RT, GR, etc.)
4750' GL

12. County
Union

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

17. 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.

Reference is made to C-103, dated 18 June 1985, updating work performed on the subject well. No additional work was performed and worker has been finaled effective 6-19-85. Production after W.O : 1482 MCFD at 117 PSI.

O+2-NMOCD,SF 1-J.R. Barnett HOU. Rm.21.156 1-F.J. Nash HOU. Rm.4.206 1-WF,Clayton 1-Susp 1-CMH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Sun 1-Excelsior 1-Tex 1-Exxon 1-WF,Hobbs

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

SIGNED [signature] TITLE Admin. Analyst DATE 22 June 1985

APPROVED BY _____ TITLE _____ DATE 7-2-85

CONDITIONS OF APPROVAL, IF ANY

Amoco Production Company (USA)
P.O. BOX 606
CLAYTON, NM 88415

MAY 19, 198€

NOTICE OF GAS CONNECTION

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION THAT CONNECTION FOR PURCHASE OF GAS FROM AMOCO PRODUCTION COMPANY'S BRAVO DOME CARBON DIOXIDE GAS UNIT WELL NO. 1834 211G, METER STATION NO. 632095, LOCATED IN UNIT LETTER G, SECTION 21, TOWNSHIP 18 NORTH, RANGE 34 EAST, UNION COUNTY NEW MEXICO, BRAVO DOME 640 ACRE AREA WAS MADE ON 2-15-85 BY AMOCO PRODUCTION COMPANY. FIRST DELIVERY DATE: 2-15-85.

Purchaser: AMOCO PRODUCTION COMPANY

Representative: J. L. Ogilvy

Title: Clerk

CC: AMOCO - HOBBS,NM

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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company

Address: P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Dry Gas
  - [ ] Casinghead Gas
  - [ ] Condensate
- Other (Please explain): Gas Connection Notice

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
BDCDGU 1834	211G	TUBB	State, Federal or Fee fee	

Location

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

Line of Section 21 Township 18-N Range 34-E , NMPM, Union County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company	Box 606, Clayton, NM 88415

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	2-15-85

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Jerry Goolsby
(Signature)
Clerk
(Title)
5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same reserv.	Diff. res.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-9-84	10-23-84	2922	2834

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4750 G.L.	tubb		2834

Perforations	Depth Casing Shoe
2532-2560	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	9-5/8	726	390 Class H
8-3/4	7	2927	1400 Class H
	3½	2834	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
138	24 hrs	0	N/A

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
flw	113	0	N/A