

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.

30-059-20260

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME C02 GAS UNIT

8. Well No.

2331-351J

9. Pool name or Wildcat

BRAVO DOME C02 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

C02

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

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

4. Well Location

Unit Letter J : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST Line  
Section 35 Township 23N Range 31E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
5320 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

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

REPAIRS: Kill well as necessary, NUBOP, Rel pkr, LD production tbg and pkr, Run Cast iron BP with wireline, Set CIBP @ 2292ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 9 sx cmt, Pull tbg to 1915 ft, Spot 15 sx cmt, Pull tbg to 30ft, Fill csg with cmt, NDBOP, Cut off wellhead, Install PXA marker, RDMOSU, Cut off SU anchors, Clean location

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

1/20/98

TYPE OR PRINT NAME

B. E. Prichard

TELEPHONE NO.

(505) 374-3053

(This space for State Use)

APPROVED BY

*Tom E. Johnson*

TITLE

DISTRICT SUPERVISOR

DATE

2-5-98

CONDITIONS OF APPROVAL, IF ANY: