

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

OIL CONSERVATION DIVISION

WELL API NO.

30-059-20261

P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

1. Type of Well

OIL WELL ☐

GAS WELL ☐

OTHER CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

8. Well No.

2332-241K

3. Address of Operator

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

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 24 Township 23N Range 32E N.M.P.M. UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
5330 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: ☐

2. Describe Proposed or Completed Operations  
SEE RULE 1103.

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

MIRUSU, Kill well as necessary, NUBOP, Rel pkr, LD production tbg and pkr, Run Cast iron BP with wireline, Set CIBP @ 2581 ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 9 sx cmt, Pull tbg to 2203 ft, Spot 19 sx cmt, Pull tbg to 30ft, Fill csg with cmt, NDBOP, Cut off wellhead, Install PXA marker, RDMOSU, Cut off SU anchors, Clean location

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

NATURE B. E. Prichard TITLE Operations Specialist

DATE 1/20/98

OR PRINT NAME B. E. Prichard

TELEPHONE NO. (505) 374-3053

space for State Use)

ROVED BY B. E. Prichard TITLE DISTRICT SUPERVISOR

DATE 2-5-98

DITIONS OF APPROVAL, IF ANY: