

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.

30-059-20379

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1934-352X

9. Pool name or Wildcat

BRAVO DOME CO2 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

CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

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

4. Well Location

Unit Letter E : 1650 Feet From The North Line and 1019 Feet From The West Line
Section 35 Township 19N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4760 GL

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
SEE RULE 1103.

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

5/31/98

Move in rig up rotary tools. Spud at 11:30 am. Drill 12-1/4" hole to 748". Set 8-5/8" casing at 748'. Cement with 290 sacks prem. plus 2% cc 1/4# flowcele. Circulate 42 sacks to pit. Test casing to 500#. Held ok. Drill 7-7/8" hole to 2390'. Set 58 jts. 5.5" 14# casing at 2386'. Cement with 160 sacks prem. plus at 11.1, tail in with 75 sacks prem plus at 13.2. Circulate 26 sacks to pit. Plug down at 4:45 am 6/2/98. Move out rotary tools. Wait on completion unit.

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

SIGNATURE

TITLE

Field Foreman

DATE

6/10/98

TYPE OR PRINT NAME

D. I. Holcomb

TELEPHONE NO.

(505) 374-3010

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

6/29/98

CONDITIONS OF APPROVAL, IF ANY: