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U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State For

3. 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 CO₂ OTHER

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 19-N RANGE 32-E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)
4739 RDB

6. Indicate Type of Lease
State For

7. State Oil & Gas Lease No.

8. Name of Lease Unit
Bravo Dome Carbon Dioxide Gas Unit

9. Well No.
041 D

10. Field and Pool, or Wildcat
Und. Tubb

11. County
Harding

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Name Change</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Name changed from Culbertson No. 1
to Bravo Dome Carbon Dioxide Gas Unit 1932 Well No. 041 D

APR 13 1981
OIL CONSERVATION DIVISION
STATE

0+2 NMOCDSF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 4-6-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: