

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.

30-021-20050

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.)

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

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1832-121G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 12 Township 18N Range 32E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4723.8' GR

1. 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, release packer, lay down production tubing and packer, run cast iron bridge plug with wireline, set CIBP at 2,398 feet, run workstring, displace casing with mud laden fluid, pressure test casing to 500 psi, cap CIBP with 3 sacks of cement, pull workstring to 1,934 feet, spot 8 sacks of cement, pull workstring to 30 feet, fill casing with cement, NDBOP, cut off wellhead, install PXA marker, RDMOSU, cut off well anchors and clean location.

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

SIGNATURE D. J. Holcomb TITLE Field Foreman

DATE 8-18-99

TYPE OR PRINT NAME Danny J. Holcomb

TELEPHONE NO. (505) 374-3010

This space for State Use)

APPROVED BY [Signature]

TITLE DISTRICT SUPERVISOR

DATE 8/23/99

CONDITIONS OF APPROVAL, IF ANY: