

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

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.	30-021-20050
5. Indicate Type of Lease	STATE ☐ FEE ☐
6. State Oil & Gas Lease No.	

7. Lease Name or Unit Agreement Name	Bravo Dome Carbon Dioxide Gas Unit
8. Well No.	1832-121G
9. Pool name or Wildcat	Bravo Dome Carbon Dioxide 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 ☒ CO2 OTHER

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 3092; Houston, TX 77253

4. Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 12 Township T18N Range R32E NMPM HARDING County
10. Elevation (Show whether DP, RRB, RT, GR, etc.)
4723.8 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: <u>Yearly Bradenhead Test (TA Well)</u> ☒	

12. 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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 21	420#	0	
1991	JUNE 11	420#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-11-92

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

SIGNATURE Mary Corley TITLE STAFF ADMIN ANALYST DATE 7/1/91

TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)

APPROVED BY Ry Elkhorn DISTRICT SUPERVISOR TITLE 7-10-91 DATE

CONDITIONS OF APPROVAL, IF ANY:

BDCDCU WELL NO.1832-121 G
 1980'FNL X 1980'FEL, SEC.12.T-18-N,R-32-E
 STATE GX NO.1 API NO.30-021-20050
 HARDING COUNTY NEW,MEXICO

