

BDCDGU WELL NO.1930-101 K
 STATE KN NO.1 API NO.30-021-20084
 1980'FSL X 1980'FWL, SEC.10, T-19-N, R-30-E
 HARDING COUNTY NEW, MEXICO

GL 4520 FT
 RDB 4530 FT
 UPDATED 09/25/90
 FLAG NO. 959884

12.25 IN HOLE

BOTTOM OF 8.625 IN OD, 24.0 LB/FT
 @ 703, CMT W/ 500 SKS
 CIRC. 142 SXS
 K-55 ST&C

PERF 2010-2014
 PERF 2022-2028
 PERF 2034-2037
 PERF 2062-2088
 PERF 2078-2088
 PERF 2091-2094
 PERF 2102-2104
 PERF 2107-2111
 WITH 1 JSPF

BOTTOM OF 2.375 IN OD TBG AT 1957
 J-55 BARE
 MODEL GUIB. UNI. VI, 1976 PACKER

PBTD AT 2120 FT
 7.875 IN HOLE

BOTTOM OF 5.50 IN OD, 14.0 LB/FT
 @ 2137, CMT W/ 630 SKS
 CIRC. 150 SXS
 K-55, ST&C

TOTAL DEPTH 2170 FT

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. 30-021-20084
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 ☒ 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 K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 10 Township T19N Range R30E NMMPM HARDING County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
4520

7. Lease Name or Unit Agreement Name
Bravo Dome Carbon Dioxide Gas Unit

8. Well No.
1930 101K

9. Pool name or Wildcat
Bravo Dome Carbon Dioxide Gas Unit

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: Yearly Bradenhead Test (TA Well) ☒	

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 27	575#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE C. M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/10/90
TYPE OR PRINT NAME C.M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)
APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 12-17-90
CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-27-91