

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20108

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.)

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

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ CO2 OTHER

8. Well No.
2032-141K

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat

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 14 Township T20N Range A32E NMPM Harding County

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

4956

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 (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Proposed to:

Kill well with produced water. Nipple up blow out preventer. Release packer and pull tubing and packer. Run cast iron bridge plug and set at 2200 ft. Pressure test casing and cast iron bridge plug to 500 psi. If test o.k. cap with no less than 10 ft. of cement. Install one joint of tubing in well head. Monitor on an annual basis.

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

SIGNATURE

Mark D. Randolph

TITLE Administrative Analyst

DATE 07-19-91

TYPE OR PRINT NAME

Mark D. Randolph

(713)
TELEPHONE NO. 556-3216

(This space for State Use)

APPROVED BY

[Signature]

DISTRICT SUPERVISOR

TITLE

DATE

8-15-91

CONDITIONS OF APPROVAL, IF ANY: