

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103 -
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S. O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUMMARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG SALT TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

Oil Well ☐ Gas Well ☒ CO2 OTHER

7. Unit Agreement Name
Bravo Dome Carbon
Dioxide Gas Unit

1. Name of Operator
Amoco Production Company

8. Form or Lease Name
Bravo Dome Carbon
Dioxide Gas Unit 1933

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

9. Well No.

3. Location of Well
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM
East THE LINE, SECTION 9 TOWNSHIP 19-N RANGE 33-E N.M.P.M.

10. Field and Pool, or Wildcat
Und. Tubb

15. Elevation (Show whether DF, RT, CR, etc.)
4968' GL

12. 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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On 4-1-81 CRC Colorado (Rig #66) spudded a 12-1/4" hole at 9:45 p.m. Drilled to a TD of 710' and ran 8-5/8" casing set at 710'. Cemented with 500 SX Class H cement. Plugged down 2:30 a.m. 4-3-81. Circulated 100 SX. WOC 18 hrs. Tested casing with 800# for 30 min. Test OK. Reduced hole to 7-7/8" and resumed drilling. Drilled to a TD of 2850' and ran 5-1/2" casing set at 2822'. Cemented with 930 SX Class H cement. Plugged down 12:30 a.m. 4-10-81. Circulated 65 SX. Currently waiting on completion unit.

0+2-NMOCD, SF 1-Hcl 1-Susp 1-BD

18. 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 (SG)

DATE 4-14-81

APPROVED BY Carl M...

TITLE ...

DATE 4/24/81

CONDITIONS OF APPROVAL, IF ANY: