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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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. OIL WELL ☐ GAS WELL ☒ OTHER- C02	7. Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name Bravo Dome Carbon Dioxide Gas Unit
3. Address of Operator P.O. BOX 68, HOBBS, NEW MEXICO 88240	9. Well No. 2033-241G
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> N.M.P.M.	10. Field and Pool or Wholesal Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area
15. Elevation (Show whether DF, RT, GR, etc.) 4933' GL	12. County Harding

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

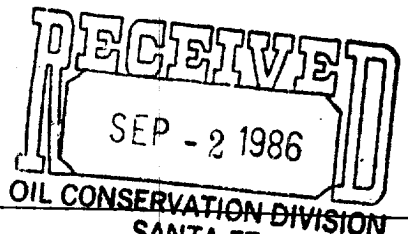
PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER shut-off. water production. ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Propose to set CIBP to shut-off water production

MIRU-SU + kill well w/ 2% KCL fresh water. POH w/ production equip. RIH w/ 7" CIBP for 20# casing + set at 2550'. Cap with 10' of Class C root cement. RIH w/ production equip. Good annulus w/ inhibited fluid. RDMO-SU



0+2-NMOCDSF 1-R.A. Sheppard HOU. Rm.21.156 1-F.J. Nash HOU. Rm.4.206
1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell
1-Exxon 1-WF Hobbs 1-SRB

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

SIGNED [Signature] TITLE Admin. Analyst DATE 8-29-86
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9-2-86
CONDITIONS OF APPROVAL, IF ANY: