

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

10. Indicate Type of Lease	State ☐	Free ☒
11. State City & Well Lease No.		

SUMMARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL IN A DIFFERENT RESERVOIR.
SEE INSTRUCTIONS FOR PERMIT AND LEASE APPLICATIONS FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER: CO2	7. Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Field or Lease Name Bravo Dome Carbon Dioxide Gas Unit
3. Address of Operator P.O. Box 606, Clayton, NM 88415	9. Well No. 1933-161G
4. Location of well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19N</u> RANGE <u>33E</u> N.M.P.M.	10. Field and Pool or Allotment Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area
15. Elevation (Show whether DF, RT, GR, etc.) 4945' 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OHS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	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 kill well. Stimulate with 15 tons liquid CO2. Flow for 1 hour to pit. Kill well and remove frac valve and install production valve. Return well to production.

-2-NMOCD,SF 1-J.R.Barnett HOU.Rm.21.156 1-F.J.Nash HOU RM.4.206 1-WF,C 1-WF,H 1-Susp
-NJG 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Sun
-Excelsior 1-Tex 1-Exxon

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

Ann Galsbury

TITLE Clerk

DATE

Ray Johnson

DISTRICT SUPERVISOR

TITLE

DATE

5-29-85

CONDITIONS OF APPROVAL, IF ANY: