

RECEIVED

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89Submit 3 Copies
to Appropriate
District Office

'91 JUL 8 PM 1 17

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.

30-021-20208

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

8. Well No.

1733-301G

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

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 G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST LineSection 30Township T17NRange R33E

NMPM

HARDING

County

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

4675 GR

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 21	0	0	
1991	JUNE 11	0	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-11-92

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

SIGNATURE

Mary Corley

TITLE

STAFF ADMIN ANALYST

DATE 7/1/91

TYPE OR PRINT NAME

MARY CORLEY

713-556-4491
TELEPHONE NO.

(This space for State Use)

APPROVED BY

Ry Johnson

TITLE

DISTRICT SUPERVISOR

DATE

7-10-91

CONDITIONS OF APPROVAL, IF ANY:

BDCD GU WELL NO. 1733-301G
1650' FNL X 1650' FEL, SEC. 30, T-17-N, R-33-E
API# 30-021-20208
HARDING COUNTY, NEW MEXICO

