

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20210

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 CO2 GAS UNIT

8. Well No.

1833-242M

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

1. Type of Well

OIL WELL ☐

GAS  
WELL ☐

OTHER

CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line  
Section 24 Township 18N Range 33E NMPM Harding County

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

4720

GL

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: ☐

12. Describe Proposed or Completed Operations

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

8-19-97

Set 7" cast iron bridge plug @ 2450'. Cap with 50 feet class C cement. Circulate well with 9.5 gelled brine water. Pressure test to 500#.

8-20-97

Spot 14 sacks of class C cement @ 1895' - 1814'. Spot 5 sacks of class C cement @ 30' - 3'. Cut off wellhead and anchors 3' below ground level. Cap with steel plate and install dry hole marker.

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

SIGNATURE

TITLE

Operations Specialist

DATE

9/9/97

PE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO.

(505) 374-3053

his space for State Use)

PROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

9-25-97

CONDITIONS OF APPROVAL, IF ANY: