

BDCD GU WELL NO. 2132-211 K
 1650' FSL X 1650' FWL, SEC. 21, T-21-N, R-32-E
 API NO. 30-021-20221
 HARDING COUNTY NEW MEXICO

12.25 IN HOLE

GL 4780 FT
 RDB 4791 FT
 UPDATED 10/17/90
 FLAC NO. 808493

BOTTOM OF 9.625 IN OD, 32.3 LB/FT
 # 732, CMT W/ 390 SKS
 CIRC. 79 SKS

MODEL GUR. UNIV. 1904 PACKER
 BOTTOM OF 3.50 IN OD TRG AT 1934
 J-55 BARE

PERF 2080-2082
 PERF 2088-2107
 PERF 2112-2132
 PERF 2146-2150
 PERF 2164-2173
 PERF 2184-2190
 PERF 2202-2212
 PERF 2222-2226
 #4 JCP
 PERF 2234-2240
 PERF 2246-2252

PRTD AT 2100 FT

8.750 IN HOLE

2321, CMT #/900 SKS
 CIRC. 155 SKS

TOTAL DEPTH 2321 FT

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

30-021-20221

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.)

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

7. Lease Name or Unit Agreement Name

Bravo Dome Carbon Dioxide
Gas Unit

8. Well No.

2132 211K

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

4. Well Location

Unit Letter K .1650 Feet From The SOUTH

Line and 1650

Feet From The WEST

Line

640 Acre Area

Section 21

Township T21N

Range R32E

NMPM

HARDING

County

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

4780

11. 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 OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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	09/27	335#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE

C. M. Long

TITLE

SR ADMINISTRATIVE ANALYST

DATE 12/13/90

TYPE OR PRINT NAME C. M. LONG

713-556-3216

TELEPHONE NO.

(This space for State Use)

APPROVED BY

R. E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

1-11-91

CONDITIONS OF APPROVAL, IF ANY:

RECOMMENDATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 9-27-91