ubmit 3 Copies
Appropriate
strict 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.
30-021-20262

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

Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER CO2

Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
2133-111K

Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

Well Location
Unit Letter K : 1924 Feet From The West Line and 1843 Feet From The South Line
Section 11 Township 21N Range 33E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4904 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	X
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

9-5-97
Circulate well with 9.5 gelled brine water. Spot 15 sacks class C cement @ 2474' - 2233'.

9-6-97
Tag top of cement @ 2233'. Spot 15 sacks class C cement @ 1920' - 1835'. Spot 5 sacks class C cement @ 30' - 3'. Cutt off wellhead and anchors 3' below ground level. Cap well with steel plate. Install dry hole marker.

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist DATE 9/9/97

TYPE OR PRINT NAME Billy E. Prichard TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 9-25-97