

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

**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—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>CO<sub>2</sub></u></p> <p>2. NAME OF OPERATOR <u>Amoco Production Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 68, Hobbs, New Mexico 88240</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>2310' FNL X 2310' FEL</u> <u>(Unit G, SW 1/4, NE 1/4)</u></p> <p>14. PERMIT NO. <u>30-037-20043</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-26033</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <u>Bravo Dome Carbon Dioxide Gas Unit</u></p> <p>8. FARM OR LEASE NAME <u>Bravo Dome Carbon Dioxide Gas Unit</u></p> <p>9. WELL NO. <u>1735 201G</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Bravo Dome Carbon Dioxide Gas Unit - 640 Acre Area</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>20-17N-35E</u></p> <p>12. COUNTY OR PARISH <u>Quay</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4560' GL</u></p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion Activity</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

*M15U 10-1-85. Ran bit to 2807' and displaced casing with 140 BW 2% KCl. Pressure tested casing to 1500 psi - ok. Ran snab and snabbed back 100 BW. POH with bit. Perforated 2455-64" with 45PF. Ran packer and set at 2402'. Swabbed dry. Stimulated with 15 Tons CO<sub>2</sub>. M05U 10-7-85. Flow tested 43 hrs. Shut in and ran Dip in BHP test. No further report until additional work performed.*

046 BLM, R 1-JRB 1-FJN 1-CMH 12-BDDL

18. I hereby certify that the foregoing is true and correct

SIGNED Spencer M. Herrington

TITLE Admin. Analyst (SG)

DATE 10/16/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE  
ACCEPTED FOR RECORD  
**PETER W. CHESTER**  
  
**OCT 23 1985**  
  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side