

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. 30-059-20018
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit

8. Well No. 2234 361P

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

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
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2. Name of Operator Amoco Production Company

3. Address of Operator P. O. Box 3092; Houston, TX 77253

4. Well Location Unit Letter P .660 Feet From The SOUTH Line and 600 Feet From The EAST Line Section 36 Township T22N Range R34E NMPM UNION County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4635
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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	10/26	330#	0	
1991	10/09	320#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 10-9-92

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 10/30/91
TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)
APPROVED BY Ry Johnson DISTRICT SUPERVISOR DATE 11-13-91
CONDITIONS OF APPROVAL, IF ANY

BDCDGU WELL NO.2234-361 P
 STATE NO.1 API.NO.30-059-20018
 660' FSL X 600'FEL,SEC.36,T-22-N,R-34-E
 UNION COUNTY NEW,MEXICO

