

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-059-20022
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2433 361G
3. Address of Operator P. O. Box 3092; Houston, TX 77253	9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit
4. Well Location Unit Letter <u>G</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>T24N</u> Range <u>R33E</u> NMPM UNION County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 5096	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	

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	09/26	300#	0	
1991	09/20	295#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 9-20-92

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 [Signature] TITLE DISTRICT SUPERVISOR DATE 11-13-91  
 CONDITIONS OF APPROVAL, IF ANY:

BDCDGU WELL NO.2433-361 G  
 STATE FT NO.1 API.NO.30-059-20022  
 1980'FNL X 1980'FEL,SEC.36,T-24-N,R-33-E  
 UNION COUNTY NEW,MEXICO

12.25 IN HOLE

GL 5096 FT  
 RDB 3107 FT  
 UPDATED 10/11/90  
 FLAC.NO.952339

TOC 304 FT  
 BOTTOM OF 8.925 IN OD, 29.3 LB/FT  
 @ 312 CMT W/175 SKS  
 CIRC.50 SX

- PERF 2477-2489
  - PERF 2481-2508
  - PERF 2530-2546
  - PERF 2552-2587
  - PERF 2589-2580
  - PERF 2582-2802
- WITH 1 JS PF

BOTTOM OF 2.375 IN OD TBG AT 2432  
 J-55 BARE  
 MODEL GUIB.UNI.VI.2452 PACKER

PBTD AT 2644 FT

7.875 IN HOLE

TOTAL DEPTH 2741 FT

BOTTOM OF 4.50 IN OD, 10.0 LB/FT  
 @ 2741, CMT W/10.5 SKS, CLASS 9.5  
 GRADE 75  
 J-55,ST&C  
 BYT