

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

'92 JAN 17 AM 8 54

WELL API NO. 30-059-20026
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	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2034-3630
3. Address of Operator P. O. Box 3092; Houston, TX 77253	9. Pool name or Wildcat Carbon Dioxide Gas Unit
4. Well Location Unit Lease 0 1315 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 36 Township T20N Range R34E NMPM UNION County	10. Elevation (Show whether LF, RKB, RT, CR, etc.) 4739

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	02/01	280#	0	
1991	01/17	275#	0	
1992	01/13	260#	0	
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE: Lynn Clay TITLE: Field Tech DATE: 1-13-92
TYPE OR PRINT NAME: LYNN CLAY TELEPHONE NO.: 505 633-2949

(This space for State Use)

APPROVED BY: [Signature] TITLE: DRILLING SUPERVISOR DATE: 1-21-92
CONDITIONS OF APPROVAL, IF ANY: