

OIL CONSERVATION DIVISION
P. O. BOX 3088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-77

NO. OF EXPLORATION PERMITS	
DISTRICT NO.	
BANK ACCT.	
PHONE	
U.S. MAIL	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fee

3. State Oil & Gas Lease No.

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG SALT TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR REARREST" (FORM O-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL CO₂ OTHER

1. Name of Operator
Amoco Production Company

Bravo Dome Carbon Dioxide Gas Unit
Bravo Dome Carbon Dioxide Gas Unit 1935

2. Address of Operator
P. O. Box 68, Hobbs, NM 88240

9. Well No.
071 ~~6~~

4. Location of Well
UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM

10. Field and Pool, or Whidcut
Und. Tubb

THE East LINE, SECTION 7 TOWNSHIP 19-N RANGE 35-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4650 GL

12. County
Union

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Name Change</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1193.

Name changed from Hutcherson E No. 2
to Bravo Dome Carbon Dioxide Gas Unit 1935 Well No. 071 ~~6~~

G+2 NMOCB-SF 1-Hou 1-Susp 1-BD

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

NAME Bob Davis TITLE Admin. Analyst DATE 4-3-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: