

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-70

NAME OF OPERATOR	
DATE RECEIVED	
WELL NO.	
FILE	
CLASSIFICATION	
OPERATION	

30. Indicate Type of Lease
State Pool

31. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR PERMITS - (FORM O-101) FOR SUCH PROPOSALS.)

1. Name of Operator
Oil Well Well CO₂ Other

Bravo Dome Carbon Dioxide Gas Unit

2. Address of Operator
Amoco Production Company

Bravo Dome Carbon Dioxide Gas Unit 2034

3. Location of Well
P. O. Box 68, Hobbs, NM 88240

9. Well No. 091

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

10. Field and Pool, or Wildcat Und. Tubb

THE East LINE, SECTION 9 TOWNSHIP 20-N RANGE 34-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.) 4840 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER Name Change <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe in brief the operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE NOTE 1193.

Name changed from Jackard D No. 1
to Bravo Dome Carbon Dioxide Gas Unit 2034 Well No. 091

0+2 NMOC-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 4-6-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: