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.
30-059-20107

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.)

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

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ CO_2 OTHER

2. Name of Operator
Amoco Production Company

8. Well No.
2035-301G

3. Address of Operator
P. O. Box 3092, Houston, Texas 77253 Rm: 20.132

9. Pool name or Wildcat

4. Well Location
Unit Letter G : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 30 Township 20N Range ~~33~~ 35E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4965GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Re-perf To increase production ☒		OTHER: ☐	

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.

Move in and rig up service unit. Kill well with 2% KCL and additives. Nipple up blow out preventor. Release packer and pull tubing. If necessary, clean out fill to 2400'. Perforate the following intervals 2241-2264, 2266-2276, 2278-2288, 2290-2300, 2304-2317, 2322-2328, 2333-2348 with 4 jspf. Rerun production equipment. Load annulus with inhibited fluid and test packer to 500 psi for 30 minutes. Return well to production.

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

SIGNATURE Mark Randolph TITLE Administrative Analyst DATE 11/12/91

TYPE OR PRINT NAME Mark D. Randolph TELEPHONE NO. 713/ 556-3216

(This space for State Use)

APPROVED BY Ry E Johnson TITLE DISTRICT SUPERVISOR DATE 11-18-91

CONDITIONS OF APPROVAL, IF ANY: