

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-70

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DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. 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 O-101) FOR SUCH PROPOSALS.)

6. OIL WELL ☐ GAS WELL ☒ CO2 OTHER-		7. Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
8. Name of Operator Amoco Production Company		8. Name of Lease Bravo Dome Carbon Dioxide Gas Unit 2035
9. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 181 F
10. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 20-N RANGE 35-E N.M.P.M.		10. Field and Pool, or Wildcat Und. Tubb
11. Elevation (Show whether DF, RT, GR, etc.) 4667' GL		12. County Union

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 JOBS ☐	OTHER ☐

13. 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.

Moved in completion unit 3-27-81. Perforated 2283'-99', 2304'-07', 2316'-24' with 1 JSPF. Acidized with 1500 gal. 7-1/2% HCL acid. Flow tested thru a separator for 168 hrs. at an average of 198 MCFD. Shut well in 4-8-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Davis TITLE Admin. Analyst (SG) DATE 4-14-81

APPROVED BY Carl Ulvog TITLE Manager DATE 4/23/81

CONDITIONS OF APPROVAL, IF ANY: