

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-

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 C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ CO2		7. Unit Name <u>Bravo Dome Carbon Dioxide Gas Unit</u>
2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u>		8. Well No. <u>1935 231K</u>
3. Address of Operator <u>P. O. Box 68, Hobbs, NM 88240</u>		9. Well No. <u>1935 231K</u>
4. Location of Well		10. Field and Pool or Widespread
UNIT LETTER <u>K</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>19-N</u> RANGE <u>35-E</u> NMPM.		11. Unit Name <u>Bravo Dome Carbon Dioxide Gas Unit 240-Acre Area</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4560' GL</u>		12. County <u>Union</u>

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 ☐

7. 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.

Propose to frac stimulate the Tubb formation to increase production. MI and RUSU. Frac with 40# HEC gelled with 2% KCL FW, liquid CO2 and 8/16 Brady Sand. Shut-in for 1 hour then flow to tank to recover load water. Clean out sand as needed to 2240. Return to production.

2-NMOCD,SF 1-R.A. Sheppard HOU. Rm. 20.156 1-J.F. Nash HOU. Rm. 17.188 1-SBB
CMH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell
Exxon 1-WF, Hobbs

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

by <u>O. M. Mitchell</u>	TITLE <u>Sr. Admin. Analyst</u>	DATE <u>7-21-87</u>
by <u>R. J. Johnson</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>7-27-87</u>
CONDITIONS OF APPROVAL, IF ANY:		