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3a. Indicate Type of Lease
State Fed

3. 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 CO₂ OTHER _____

2. Name of Operator
Amoco Production Company

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

4. Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
West TWP. LINE, SECTION 26 TOWNSHIP 22-N RANGE 33-E N.M.P.M.

5. Elevation (Show whether DF, RT, GR, etc.)
4885 GL

6. Indicate Type of Lease
State Fed

7. State Oil & Gas Lease No.

8. Name of Lease
Bravo Dome Carbon Dioxide Gas Unit 2233

9. Well No.
261

10. Field and Pool, or Wildcat
Und. Tubb

11. County
Union

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 OPERATIONS <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 JOBS <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 1103.

Name changed from O'Neal No. 1
to Bravo Dome Carbon Dioxide Gas Unit 2233 Well No. 261

APR 20 1981
OIL CONSERVATION DIVISION
SANTA FE, N.M.

0+2 NMCCD-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.

SIGNED Bob Davis TITLE Admin. Analyst DATE 4-6-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: