

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER CO<sub>2</sub>

2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR  
P.O. BOX 68 HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1080.4' FNL x 1980' FEL  
(UNIT G, SW14, NE14)

5. PERMIT NO.  
300592018300

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4905' GL

3. LEASE DESIGNATION AND SERIAL NO.  
NM-14952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Bravo Dome Carbon Dioxide Gas Unit

8. LEASE OR LEASE NAME  
Bravo Dome Carbon Dioxide Gas Unit

9. WELL NO.  
2034-0519

10. FIELD AND POOL, OR WILDCAT.  
Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
5-20N-34E

12. COUNTY OR PARTON  
Union

13. STATE  
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SEEDING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MISU 10-23-85. Killed well with 25BW 29% KCl. Released packer and PDH. Tagged PBTD at 2592'. RIT with packer and workstring. Set packer at 1999' and pressure tested 1500 psi-OK. Frac stimulated with 209 BW 29% KCl, 61 Tons CO<sub>2</sub>, and 74000# 8/16 sand. Shut in for 2 hrs. Flowed back to tank for 4 1/2 hrs. Cleaned out sand fill to PBTD 2590'. Re-ran production equipment. Tubing landed at 2161' and set packer at 2131'. MOSU 10-28-85. Turned well thru separator and flow tested 70 hrs. Rigged down separator and returned well to production. Operations completed 12-4-85.

PAWD: 1986 MCFD.

046-BLM, F 1-J.R. Barnett HOU. Rm. 21.156 1-F.J. Nash HOU. Rm. 4.206 1-WF, Clayton 1-Susp 1-CMH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Sun 1-Excelsior 1-Tex 1-Exxon 1-WF, Hobbs

18. I hereby certify that the foregoing is true and correct

SIGNED Charles M. Lenny TITLE Administrative Analyst (SG) DATE 12/5/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side