

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0155
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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER <u>CO₂</u>	RECEIVED SEP 10 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-14952</u>
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>		7. UNIT AGREEMENT NAME <u>Bravo Dome Carbon Dioxide Gas Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1080.4' FNL x 1980' FEL</u> <u>(UNIT G, SW14, NE14)</u>		8. FARM OR LEASE NAME <u>Bravo Dome Carbon Dioxide Gas Unit</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4905' GL</u>	9. WELL NO. <u>2034 057 G</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area</u>
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.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>5-20-34 E</u>
		12. COUNTY OR PARISH <u>Union</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and kill well with 2% KCl water. POH with production tubing and packer. Tag ABTD. RIH with 3 1/2" workstring and packer. Set packer ± 250 above top perforation. Pressure back side to 1000 psi. Frac down tubing using 25,000 gals CO₂ foam and 74,000 pounds of 8/12 Brady Sand. Flush to 2 BBHs below the packer with foam. Leave well shut-in 2 hrs. Flow back well and clean out sand to at least 50' below bottom perf. Re-run production tubing and packer. Swab as necessary to kick-off well flowing. Flow test through separator until well cleans up. Flow test not to exceed 96 hrs. Return well to production.

0+5 BLM, Farm. 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

TITLE Administrative Analyst (SG)

DATE

9/16/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

SEP 17 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC SANTA FE