

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-059-20211

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO2 GAS UNIT

8. Well No.

1834-241G

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

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. Type of Well

OIL WELL ☐ GAS WELL ☐ OTHER ☐ CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 24 Township 18N Range 34E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4685 GL

11. 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: ☐

12. Describe Proposed or Completed Operations

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

MIRUSU, Kill well as necessary, NUBOP, Rel pkr, LD production tbg and packer, Run tbg to 2480 ft, Spot 35 sx cmt, Pull tbg, WOC, Run tbg tag cmt, Cmt should be above 2430 ft, Prs tst csg to 500psi, disp well with mud laden fluid, Pull tbg to 1871 ft, Spot 13 sx cmt, Pull tbg to 30 ft and fill csg with cement, NDBOP, Cut off wellhead, Install PXA marker, RD MOSU, Cut off SU anchors and clean location

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist

DATE 1/20/98

TYPE OR PRINT NAME B. E. Prichard

TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR

DATE 2-5-98

CONDITIONS OF APPROVAL, IF ANY: