

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

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.

30-059-20212

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.

1834-251g

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 25 Township 18 Range 34 NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4660 GR

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, NUBOP, Run 6.250" bit, DC, tbq, Drill out CIBP at 2400ft, Run tbq to 2480ft, Spot 35 sx cmt,
Pull tbq, WOC, Run tbq tag cmt, Cmt should be above 2410ft, Disp csg with mud laden fluid,
Prs tst csg 500psi, Pull tbq to 1859ft, Spot 13sx cmt, Pull tbq to 30ft, Fill csg with cmt, NDBOP,
Cut off well head, Install PXA marker, RDMOSU, Cut off Su anchors, Clean Location

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

SIGNATURE

TITLE Operations Specialist

DATE 01-15-88

TYPE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO. (505) 374-3050

(This space for State Use)

APPROVED BY

TITLE DISTRICT SUPERVISOR

DATE 1/27/98

CONDITIONS OF APPROVAL, IF ANY: