

Submit 3 Copies
to Appropriate
District Office

Energy, Minerals and Natural Resources Department

Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-059-20221

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

5. Indicate Type of Lease
STATE ☐ FEE ☐

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

6. 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.)

7. Lease Name or Unit Agreement Name

Bravo Dome CO2 Gas Unit

1. Type of Well:
OIL ☐ GAS ☐ OTHER ☒ CO2

8. Well No.

1834-331G

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat

Bravo Dome CO2 Gas Unit

3. Address of Operator
P. O. Box 606, Clayton, NM 88415

4. Well Location
Unit Lener G : 1650 Feet From The North Line and 1650 Feet From The East Line

Section 33

Township 18N

Range 34E

NMMPM

Union

County

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

4680 GI

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: <u>Yearly Bradenhead Test (TA Well)</u> ☐	

12. 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.

Year	Month/Day	Tubing Pressure	Casing Pressure	Bleed Down Time
1994	June 6	160#	0	
1995	June 7	160#	0	
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE 6-27-95 M.L. Clay TITLE Field Tech DATE 6-27-95

TYPE OR PRINT NAME M. L. Clay TELEPHONE NO.

(This space for State Use)

APPROVED BY Ry Ephraim DISTRICT SUPERVISOR DATE 7-27-95

CONDITIONS OF APPROVAL IF ANY: