

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103 -
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDARY 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. OIL WELL ☐ GAS WELL ☒ OTHER- CO₂

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P. O. Box 832, Brownfield, TX 79316

4. Location of well
UNIT LETTER G 1650 North 1650
THE East LINE, SECTION 28 TOWNSHIP 18N RANGE 34E
15. Elevation (Show whether DF, RT, GR, etc.)
4715' GL

12. County Union

9. Well No. 1834-281G

Bravo Dome Carbon Dioxide Gas Unit
Bravo Dome Carbon Dioxide Gas Unit
Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area

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 ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☐
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1603.

Propose to fracture stimulate Tubb Formation to increase production. MIRU service company. Frac down tubing with 40 lb HEC gel, liquid CO₂ and 8/16 Brady sand. Mix gel in 2% KCL fresh water. Shut well in for 1 hour after frac job. Flow well back to flow tank to recover load water overnight. Clean out sandfill to 2590' if necessary. Load backside with packer fluid and pressure test annulus to 500 psi. Return well to production.

0+3-NMOCD,SF 1-R.A. Sheppard HOU. Rm. 20.156 1- T. Thiel HOU. Rm. 3.167
1-DJH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell
1-Exxon 1-WF, Brownfield 1-WF, Clayton

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

WITNESSED BY D. Holcomb TITLE Sr. Admin. Analyst DATE 8-18-87
APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 8-25-87
CONDITIONS OF APPROVAL, IF ANY: