

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 12-1-

30. Indicate type of well	State ☐ Fed ☒
31. 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.
SEE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER: CO2	7. Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Field or Lease Name Bravo Dome Carbon Dioxide Gas Unit
3. Address of Operator P.O. Box 606, Clayton, NM 88415	9. Well No. 1934-281G
4. Location of well UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 19N RANGE 34E N.M.P.M.	10. Field and Pool or Kilobbl Bravo Dome Carbon Dioxide Gas Unit 640-Acre Area
11. Elevation (Show whether DF, RT, GR, etc.) 4840' GL	12. County Union

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐
TEMPORARILY ABANDON	☐
PULL OR ALTER CASING	☐

PLUG AND ABANDON	☐
CHANGE PLANS	☐

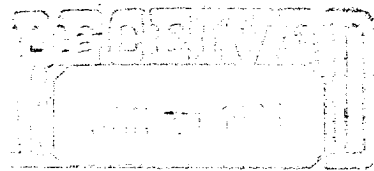
REMEDIAL WORK	☒
COMMENCE DRILLING OPNS.	☐
CASING TEST AND CEMENT JOBS	☐

ALTERING CASING	☐
PLUG AND ABANDONMENT	☐

OTHER	☐
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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 1103.

Moved in service unit 12-6-84. On 12-7-84 perforated intervals from 2238'-2486' W/2 JSPF. Packer set at 2095'. Acidized well with 75 BBL 2% KCL acid with additives. Stimulated well with 34 BBL liquid CO2 for cool down and 112 BBL liquid CO2 X 672 Ball sealers. Flow tested through a separator for 144 hours at an average rate of 3348 MCFD.



O+2-NMOCDSF 1-J.R.Barnett HOU.Rm.21.156 1-F.J.Nash HOU RM.4.206 1-WF,C 1-WF,H 1-Susp
1-JSM 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Sun
1-Excelsior 1-Tex 1-Exxon

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

DATE	1-8-85
TITLE	Asst. Adm. Analyst
DATE	1-14-85
TITLE	DISTRICT SUPERVISOR