

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.  
30-059-20261

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.  
2332-241K

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 K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 24 Township 23N Range 32E N.M.P.M. UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
5330 GR

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   
OTHER:   
PLUG AND ABANDON   
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER:   
ALTERING CASING   
PLUG AND ABANDONMENT

2. Describe Proposed or Completed Operations (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 pkr, Run Cast iron BP with wireline, Set CIBP @ 2581 ft., Run tbg, Disp csg with mud laden fluid, Prs tst csg to 500psi, Cap CIBP with 9 sx cmt, Pull tbg to 2203 ft, Spot 19 sx cmt, Pull tbg to 30ft, Fill csg with cmt, NDBOP, Cut off wellhead, 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.  
DATE 1/20/98 TITLE Operations Specialist  
OR PRINT NAME B. E. Prichard TELEPHONE NO. (505) 374-3053  
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2-5-98  
CONDITIONS OF APPROVAL, IF ANY: