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. 30-059-20264

5. Indicate Type of Lease STATE ☐ FEE ☐

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 Carbon Dioxide Gas Unit

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

2. Name of Operator: Amoco Production Company

8. Well No. 2434 311G

3. Address of Operator: P. O. Box 3092; Houston, TX 77253

9. Pool name or Wildcat: Bravo Dome Carbon Dioxide Gas Unit

4. Well Location: 640 Acre Area

Unit Letter G : 1850 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 31 Township T24N Range R34E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5063

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: Yearly Bradenhead Test (TA Well)	☒		

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
1990	09/26	0	2#	10 SEC.
1991				
1992				
1993				
1994				
1995				
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 C. M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/13/90

TYPE OR PRINT NAME C.M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 1-3-91

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL EXPIRES 9-26-91

BDCDGU WELL NO.2434-311 G
1850'FNL X 1650'FEL,SEC.31,T-24-N,R-34-E
API.NO.30-059-20264
UNION COUNTY NEW,MEXICO