

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               |                                     |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.O.S.               |                                     |
| LAND OFFICE            |                                     |
| OPERATOR               |                                     |

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

Form C-103  
Revised 10-1-

|                                |                                         |
|--------------------------------|-----------------------------------------|
| 5a. Indicate Type of Lease     |                                         |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. 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.

|                                                                                                                                                                                                          |                                   |                                    |                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|
| OIL WELL <input type="checkbox"/>                                                                                                                                                                        | GAS WELL <input type="checkbox"/> | OTHER <input type="checkbox"/> C02 | 7. Unit Name <u>Bravo Dome Carbon Dioxide Gas Unit</u>                                  |
| Name of Operator<br>AMOCO PRODUCTION COMPANY                                                                                                                                                             |                                   |                                    | 8. Unit Name <u>Bravo Dome Carbon Dioxide Gas Unit</u>                                  |
| Address of Operator<br>P. O. Box 68, Hobbs, NM 88240                                                                                                                                                     |                                   |                                    | 9. Well No.<br>1836 061F                                                                |
| Location of Well<br>UNIT LETTER <u>F</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>18-N</u> RANGE <u>36-E</u> N.M.P.M. |                                   |                                    | 10. Field and Pool or wither<br><u>Bravo Dome Carbon Dioxide Gas Unit 240-Acre Area</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4465' GL                                                                                                                                                |                                   |                                    | 12. County<br>Union                                                                     |

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

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>              | CHANGE PLANS <input type="checkbox"/>     |
| NULL OR ALTER CASING <input type="checkbox"/>             | OTHER <input type="checkbox"/>            |

SUBSEQUENT REPORT OF:

|                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

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.

Propose to frac stimulate the Tubb formation to increase production. MI and RUSU. Frac with 40# HEC gelled with 2% KCL FW, liquid CO2 and 8/16 Brady Sand. Shut-in for 1 hour then flow to tank to recover load water. Clean out sand as needed to 2190. Return to production.

2-NMOCD,SF 1-R.A. Sheppard HOU. Rm. 20.156 1-J.F. Nash HOU. Rm. 17.188 1-SBB  
CMH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell  
Exxon 1-WF, Hobbs

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

|                                  |                                  |                     |
|----------------------------------|----------------------------------|---------------------|
| CO <u>Don Mitchell</u>           | TITLE <u>Sr. Admin. Analyst</u>  | DATE <u>7-21-87</u> |
| APPROVED BY <u>Ry E. Johnson</u> | TITLE <u>DISTRICT SUPERVISOR</u> | DATE <u>7-27-87</u> |
| CONDITIONS OF APPROVAL, IF ANY:  |                                  |                     |