

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee   
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.)

1. OIL WELL  GAS WELL  OTHER- CO2

2. Name of Operator  
AMOCO PRODUCTION COMPANY

3. Address of Operator  
P. O. Box 68, Hobbs, NM 88240

4. Location of Well  
UNIT LETTER G 1650 FEET FROM THE North LINE AND 1650 FEET FROM East LINE, SECTION 31 TOWNSHIP 21-N RANGE 35-E NMPM.

7. Unit Agreement No.  
Bravo Dome Carbon Dioxide Gas Unit

8. Field and Pool Name  
Bravo Dome Carbon Dioxide Gas Unit

9. Well No.  
2135-311G

10. Field and Pool Name  
Bravo Dome Carbon Dioxide Gas Unit 240-Acre Area

15. Elevation (Show whether DF, RT, GR, etc.)  
4685' GL

12. County  
Union

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

MI and RUSU 11-26-86. POH with tubing, packer and tailpipe. Frac down 3-1/2" WS, with 226 bbls 40#, HEC gelled 2% KCL FW. 60 tons CO2, 68000# 8/16 sand, air 35 BPM. Treat pressure 4000#, ISIP 1800#. Clean out sand to 2350. Run 3-1/2" tailpipe, packer and on/off tool, 3-1/2" tubing. Run before and after treatment survey. Flow test well. RD and MOSU.

PPWO: 878 MCFD x 1 BWPD at 216 FTP.  
PAWO: 2501 MCFD x 0 BWPD at 224 FTP.

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

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

SIGNED S. Brownlee TITLE Admin. Analyst DATE 2-24-87

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2-27-87

CONDITIONS OF APPROVAL, IF ANY: