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.
30-059-20359

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 CO2 GAS UNIT

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

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
1835-232D

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter D : 204 Feet From The North Line and 1195 Feet From The West Line

Section 23 Township 18N Range 35E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4577 GR

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	X	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:			☐

12. Describe Proposed or Completed Operations SEE RULE 1103. *(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 packer,Run tbg to 2426 ft, Spot 25 sx cmt, Pull tbg, WOC,Run tbg tag cmt, Cmt should be above 2316 fl, Prs tst csg to 500psi, disp well with mud laden fluid, Pull tbg to 1755 ft,Spot 10 sx cmt, Pull tbg to 30 ft and fill csg with cement, NDBOP, Cut off wellhead, Install PXA marker, RD MOSU, Cut off SU anchors and clean location

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

SIGNATURE Billy E. Prichard TITLE Operations Specialist DATE 1/20/98

TYPE OR PRINT NAME B. E. Prichard TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 2-5-98

CONDITIONS OF APPROVAL, IF ANY: