

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form O-100
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

RECEIVED OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Alamogordo, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-021-20031
5. Indicate Type of Lease STATE <input type="checkbox"/> FEB <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER	7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 1930 361G
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 Unit Letter <u>G</u> :1980 Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>T19N</u> Range <u>R30E</u> NMPM <u>HARDING</u> County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 4519.8	

11. 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 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Yearly Bradenhead Test (TA Well)</u> <input checked="" type="checkbox"/>	

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	JUNE 27	550#	0	
1991	JUNE 19	545#	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-19-92

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

SIGNATURE Mary Corley TITLE STAFF ADMIN ANALYST DATE 7/1/91

TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 7-10-91

CONDITIONS OF APPROVAL, IF ANY:

BDCDGU WELL NO.1930-361 G
STATE NO.1 API NO.30-021-20031
1980'FNL X 1980'FEL,SEC.36,T-19-N,R-30-E
HARDING COUNTY NEW,MEXICO

