

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form O-103 -  
Revised 10-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
PILE	
U.S. O.S.	
LAND OFFICE	
OPERATOR	

30. Indicate Type of Lease  
State  Fee

31. 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 SALS TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL" (FORM O-101) FOR SUCH PROPOSALS.

1. Name of Operator  
Anioco Production Company

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

3. Location of Well  
UNIT LETTER G 1650 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 20-N RANGE 31-E N.M.P.M.

4. Indicate Type of Well  
OIL WELL  GAS WELL  CO<sub>2</sub> OTHER

5. Field and Pool, or WHcont  
Bravo Dome Carbon Dioxide Gas Unit  
Bravo Dome Carbon Dioxide Gas Unit 2031

6. Well No.  
271 G

7. Elevation (Show whether DF, RT, GR, etc.)  
4630 GL

8. County  
Harding

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 OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Name Change	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

9. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 103.

Name changed from State "KD" No. 1  
to Bravo Dome Carbon Dioxide Gas Unit 2031 Well No. 271 G

O+2 NMOCOD-SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 4-6-81

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: