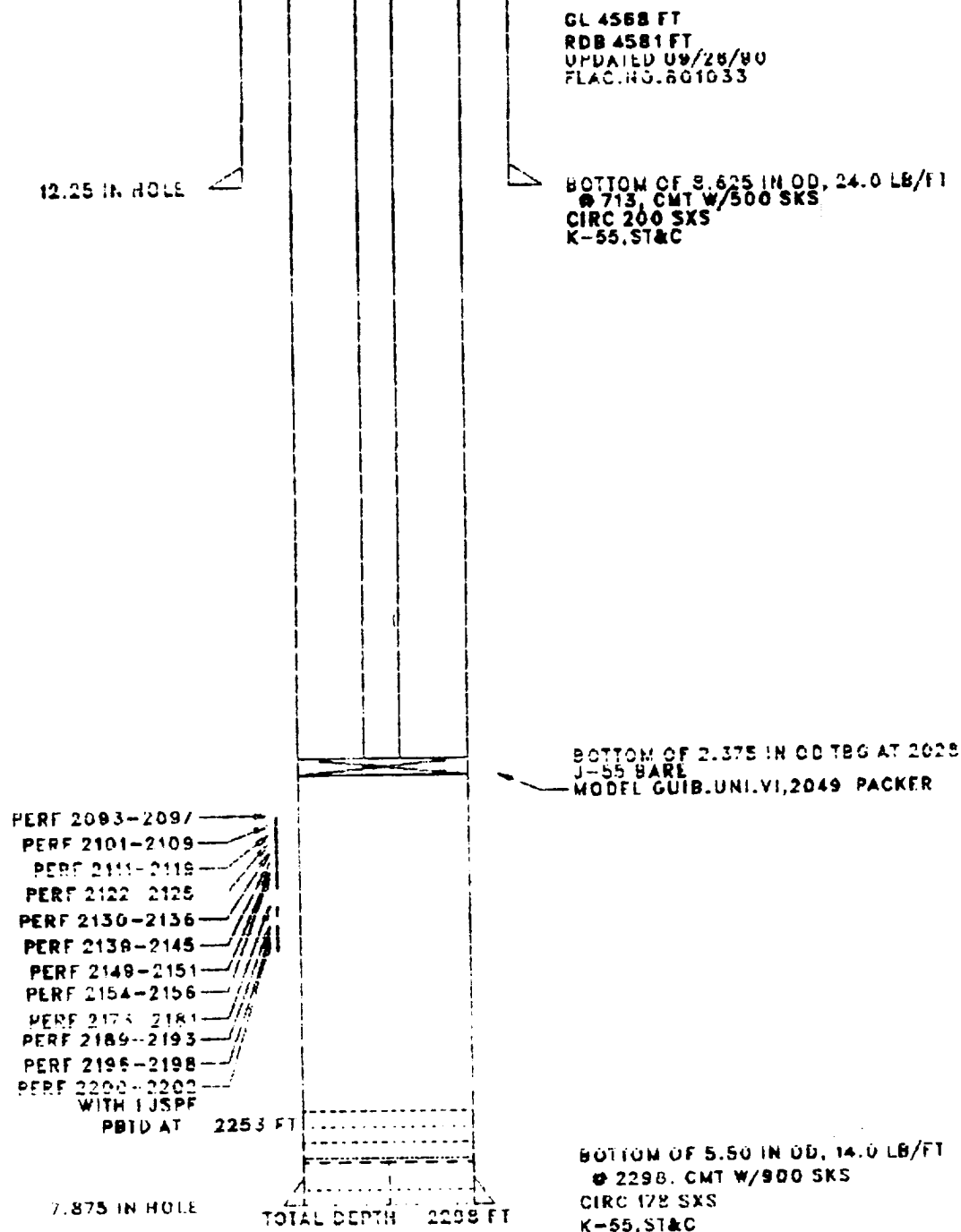


BDGCDGU WELL 1931 021G
STATE KT NO. 1 API No. 30-021-20089
1980'FNL X 1980'FEL, SEC. 2, T-19-N, R-31-E
HARDING COUNTY, NEW MEXICO



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. 30-021-20089
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 Carbon Dioxide Gas Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☒ CO2 OTHER
--

8. Well No. 1931-021G

2. Name of Operator Amoco Production Company

9. Pool name or Wildcat Carbon Dioxide Gas Unit
--

3. Address of Operator P. O. Box 3092; Houston, TX 77253

4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>T19N</u> Range <u>R31E</u> NMPM <u>HARDING</u> County

10. Elevation (Show whether DP, RKB, RT, GR, etc.) 4568
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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 ☐	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: Yearly Bradenhead Test (TA Well) ☒	

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 29	490#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE <u>C.M. Long</u>	TITLE <u>SR ADMINISTRATIVE ANALYST</u>	DATE <u>12/10/90</u>
TYPE OR PRINT NAME <u>C.M. LONG</u>		TELEPHONE NO. <u>713-556-3216</u>

(This space for State Use)

APPROVED BY <u>R. E. Johnson</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>1-3-91</u>
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CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-29-91