

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-021-20108
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <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.)		7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER	2. Name of Operator Amoco Production Company		8. Well No. 2032-141K
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>K</u> <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>14</u> Township <u>T20N</u> Range <u>R32E</u> NMPM <u>HARDING</u> County			
10. Elevation (Show whether DP, RRB, RT, GR, etc.) 4956			

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: Yearly Bradenhead Test (TA Well) <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	06/29	325#	0	
1991	07/24	0	0	
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 7-24-92

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 10/30/91  
 TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 11-13-91  
 CONDITIONS OF APPROVAL, IF ANY:

**BDCDGU WELL NO.2032-141 K**  
**STATE KH NO.1 API.NO.30-021-20108**  
**1980'FSL X 1980'FWL, SEC.14, T-20-N,R-32-E**  
**HARDING COUNTY NEW, MEXICO**

