

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.)			
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. 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 HARDING 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	06/19	50#	0	DROPPED STANDING
1992				VALVE 6/12/91 NOT
1993				HOLDING
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

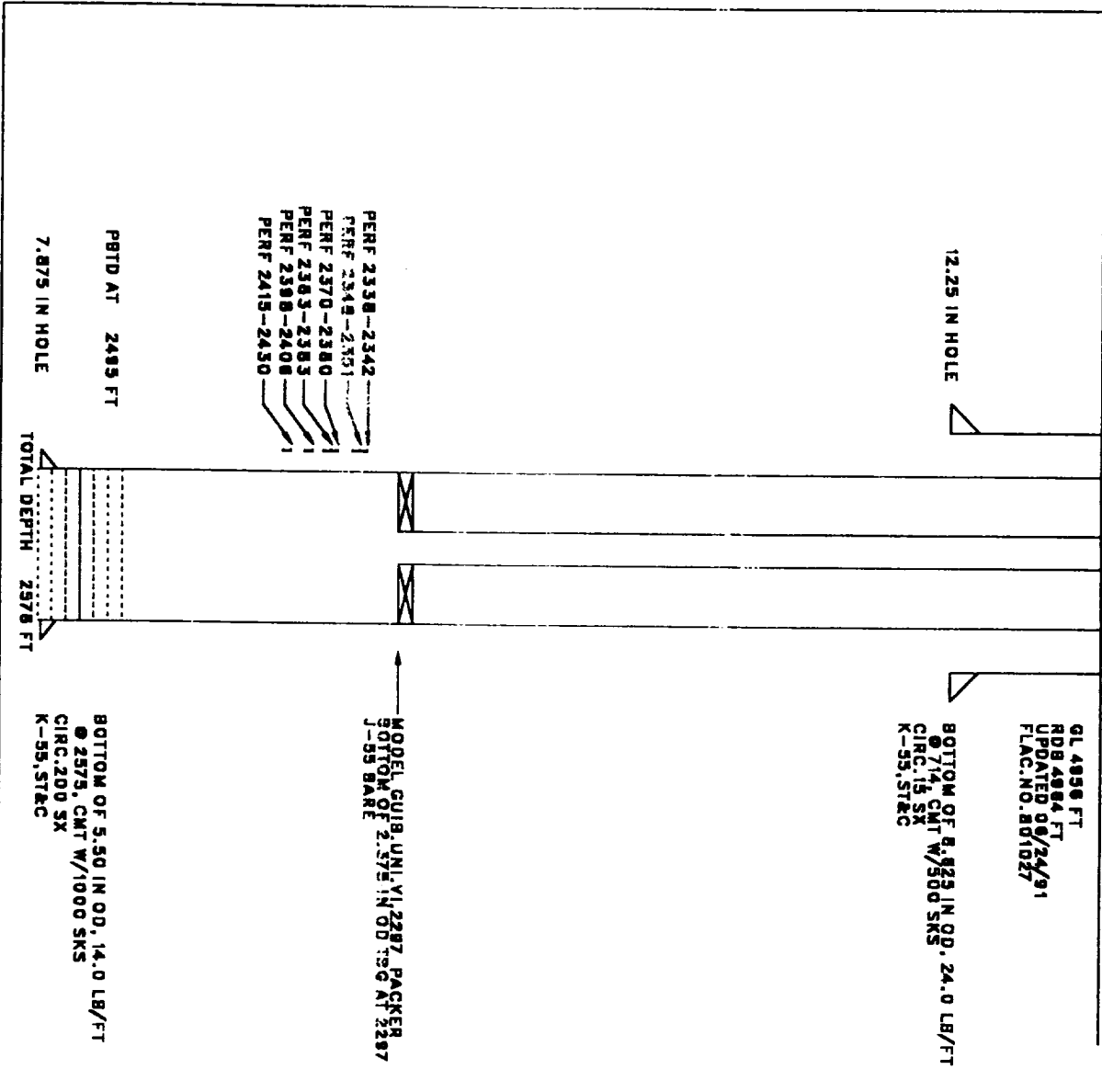
TYPE OR PRINT NAME MARY CORLEY TELEPHONE NO. 713-556-4491

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE 7-10-91

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



12.25 IN HOLE

9L 4898 FT
 RDB 4884 FT
 UPDATED 06/24/91
 FLAC.NO.801027

BOTTOM OF 8.923 IN OD, 24.0 LB/FT
 @ 7/4 CMT W/500 SKS
 K-55,ST&C

- PERF 2338-2342
- PERF 2342-2351
- PERF 2370-2380
- PERF 2383-2383
- PERF 2398-2408
- PERF 2415-2430

MODEL GUB UNL Y1 2287 PACKER
 BOTTOM OF 2.575 IN OD T&C AT 2287
 J-95 BARE

PRTD AT 2485 FT
 7.875 IN HOLE

TOTAL DEPTH 2578 FT

BOTTOM OF 5.50 IN OD, 14.0 LB/FT
 @ 2575, CMT W/1000 SKS
 K-55,ST&C