

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

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. 30-021-20108
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
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1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER
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8. Well No. 2032-141K
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2. Name of Operator Amoco Production Company
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9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit
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3. Address of Operator P. O. Box 3092; Houston, TX 77253
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640 Acre Area
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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> <u>NMPM</u> <u>HARDING</u> County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4956
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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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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	06/29	325#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

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

SIGNATURE C. M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/13/90  
 TYPE OR PRINT NAME C. M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)

APPROVED BY Ry Eblum TITLE DISTRICT SUPERVISOR DATE 1-11-91

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

