

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.**  
30-021-20137

**5. Indicate Type of Lease**  
STATE  FEE

**6. State Oil & Gas Lease No.**

**7. Lease Name or Unit Agreement Name**  
BRAVO DOME CO2 GAS UNIT

**8. Well No.**  
2030-331K

**9. Pool name or Wildcat**  
BRAVO DOME CO2 GAS UNIT

**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  GAS WELL  OTHER  CO2

**2. Name of Operator**  
AMOCO PRODUCTION COMPANY

**3. Address of Operator**  
P.O. Box 303, AMISTAD, NEW MEXICO 88410

**4. Well Location**  
Unit Letter K : 1780 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 33 Township 20N Range 30E NMPM HARDING County

**10. Elevation** (Show whether DF, RKB, RT, GR, etc.)  
4725 GR

**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: <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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/27	575#	0	
1991	6/19	570#	0	
1992	6/16	560#	0	
1993	5/26	560#	0	
1994	6/2	560#	0	
1995	6/28	560#	0	
1996	5/23	560#	0	
1997	4/15	560#	0	
1998	7/22	560#	0	
1999				
2000				

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

SIGNATURE M. L. Clay TITLE Field Tech. DATE 8/26/98

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/16/98

CONDITIONS OF APPROVAL, IF ANY: