

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 OIL CONSERVATION DIVISION 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 DC, Artesia, NM 88210

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

WELL API NO. 30-037-20037
5. Indicate Type of Lease STATE [ ] FEB [ ]
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 [X] CO2 OTHER

8. Well No. 1736-281J

2. Name of Operator Amoco Production Company

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 J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 28 Township T17N Range R36E NMPM QUAY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4325 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ] TEMPORARILY ABANDON [ ] CHANGE PLANS [ ] PULL OR ALTER CASING [ ] OTHER: [ ] SUBSEQUENT REPORT OF: REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ] CASING TEST AND CEMENT JOB [ ] OTHER: Yearly Bradenhead Test (TA Well) [X]

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. Table with columns: YEAR, MONTH/DAY, TUBING PRESSURE, CASING PRESSURE, BLEED DOWN TIME. Rows for years 1990-2000.

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 6-11-92

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: [Signature] 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: DISTRICT SUPERVISOR DATE: 7-10-91 CONDITIONS OF APPROVAL, IF ANY:

BDCDGU WELL NO. 1736-281J  
 1980'FSL X 1980'FEL, SEC. 28, T-17-N, R-36-E  
 API 30-037-20037  
 QUAY COUNTY, NEW, MEXICO

