

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

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

Santa Fe, New Mexico 87504-2083

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

WELL API NO. 30-059-20246

5. Indicate Type of Lease STATE [ ] FEE [ ]

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 CO2 GAS UNIT

1. Type of Well OIL WELL [ ] GAS WELL [ ] OTHER CO2

8. Well No. 1834-291G

2. Name of Operator Amoco Production Company

9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT

3. Address of operator P.O. Box 606, CLAYTON NEW MEXICO 88415

4. Well Location Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 29 Township 18N Range 34E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4724 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) [ ]

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.

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 7-13-94 TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use) APPROVED BY R. Johnson TITLE DISTRICT SUPERVISOR DATE 7-15-94 CONDITIONS OF APPROVAL, IF ANY: