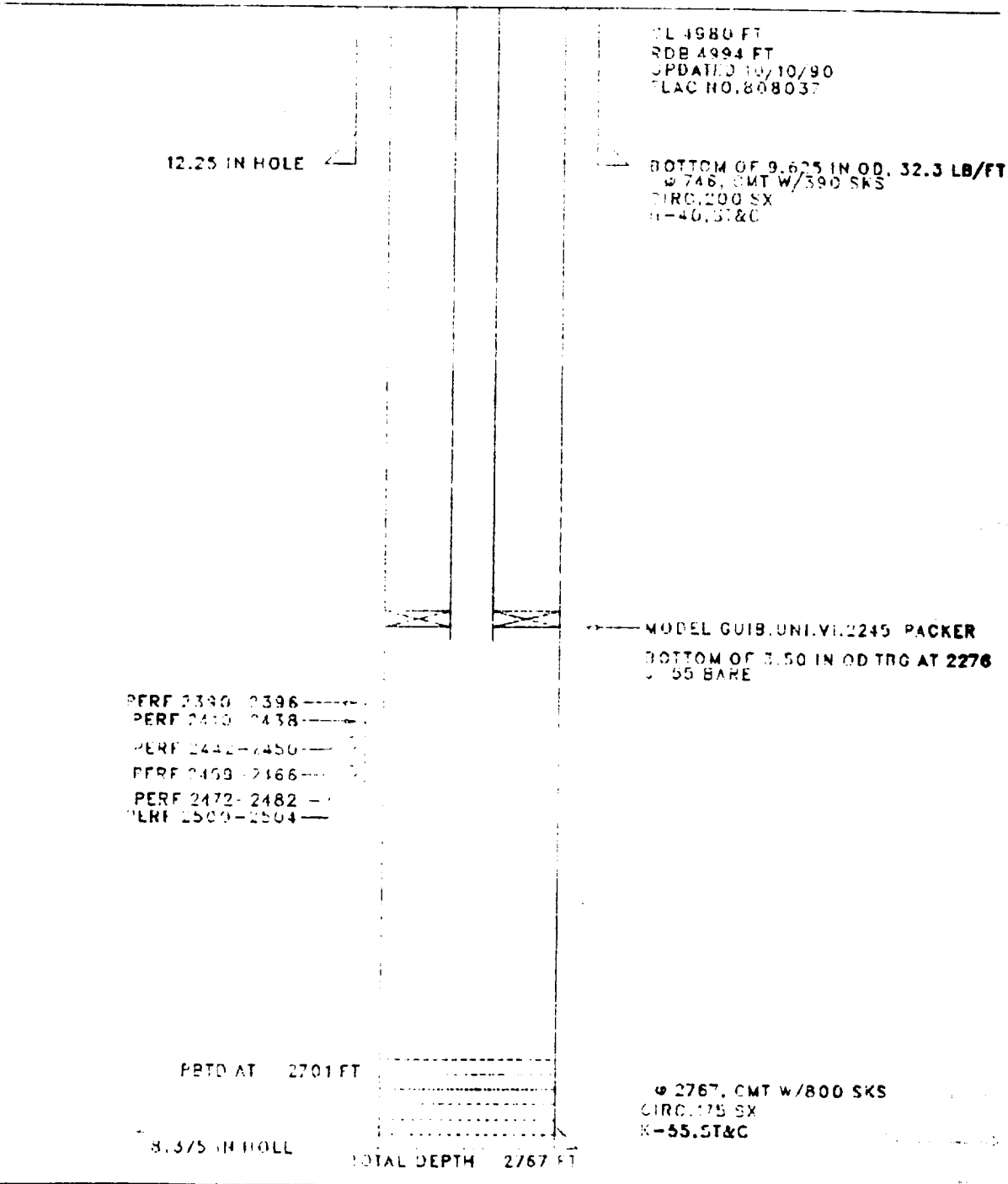


BDCD GU WELL NO. 2233-191 G
 1980' FNL X 1980' FEL, SEC. 19, T-20-N, R-53--E
 API NO. 30-059-20253
 UNION COUNTY NEW, MEXICO



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form G-100
Revised 6-1-88

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.
30-059-20253

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name--
Bravo Dome Carbon Dioxide
Gas Unit

8. Well No.
2233 191G

9. Pool name or Wildcat Bravo Dome
Carbon Dioxide 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 G-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL CO2 OTHER

2. Name of Operator
Amoco Production Company

3. Address of Operator:
P. O. Box 3092; Houston, TX 77253

4. Well Location
Unit Letter G 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 19 Township T20N Range R33E NMPM UNION County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
4980

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: 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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	09/27	325#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

I hereby certify that the information above is true and complete 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 Eplem TITLE DISTRICT SUPERVISOR DATE 1-11-91

CONDITIONS OF APPROVAL, IF ANY

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 9-27-91