

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
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. 30-059-20261
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER	7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit
2. Name of Operator Amoco Production Company	8. Well No. 2332 241K
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 <u>K</u> <u>1650'</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>T23N</u> Range <u>R32E</u> <u>NMPM</u> <u>UNION</u> County	640 Acre Area
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 5330	

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	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	09/27	305#	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 [Signature] TITLE DISTRICT SUPERVISOR DATE 1-3-91

CONDITIONS OF APPROVAL, IF ANY:

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

BDCDGU WELL NO. 2332-241K
 1650' FSL @ 1650' FWL SEC. 24, T-23-N, R-32-E
 APN. NO. 30-059-20261
 UNION COUNTY, NEW MEXICO

DL 5330 FT
 DB 5338 FT
 UPDATED 10/11/10
 TAG. NO. 808473

12.25 IN HOLE

BOTTOM OF 3.625 IN OD @ 3200' FT
 @ 3200', CMT W/390 SKS
 CIRC. 890 SX
 K-40, ST&C

PERF 2610-2116

MODEL GUIB. UNI. VI. 2483 PAPER
 BOTTOM OF 2.875 IN OD TBG AT 2513
 K-55 BARE

PERF 2592-2504
 PERF 2621-2642
 W/2JSPF

PERF 2588-2448
 PERF 2790-2707
 PERF 2753-2744
 W/2JSPF

PBTD AT 3039 FT

BOTTOM OF 7.0 IN OD, 20.0 LB/FT
 @ 3200', CMT W/1500 SKS
 CIRC. 877 SX
 K-55, ST&C

3.375 IN HOLE

TOTAL DEPTH 3200 FT