

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

Submit 3 Copies  
to Appropriate  
District Office

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.<br>30-059-20263   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.   |
| 7. Lease Name or Unit Agreement Name<br>BRAVO DOME CO2 GAS UNIT                          |
| 8. Well No.<br>2234-141F   |
| 9. Pool name or Wildcat<br>BRAVO DOME CO2 GAS UNIT                                       |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4797 GR                            |

**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 606, Clayton, New Mexico 88415

4. Well Location  
Unit Letter F : 1650 Feet From The NORTH Line and 2310 Feet From The WEST Line  
Section 14 Township 22N Range 34E NMPM UNION County

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

|  |  |
|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 | <b>SUBSEQUENT REPORT OF:</b>   |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>   |
| PLUG AND ABANDON <input type="checkbox"/>      | ALTERING CASING <input type="checkbox"/>   |
| TEMPORARILY ABANDON <input type="checkbox"/>   | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                   |
| CHANGE PLANS <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 | 10/26     | 325#            | 0               |                 |
| 1991 | 10/9      | 315#            | 0               |                 |
| 1992 | 9/17      | 315#            | 0               |                 |
| 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 M. L. Clay TITLE FIELD TECH DATE 12-7-92

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

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 12-28-92

CONDITIONS OF APPROVAL, IF ANY: