

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 20375

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 1935

1. Type of Well
OIL WELL GAS WELL OTHER CO2

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
272E

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
BRAVO DOME CO2 GAS UNIT

4. Well Location
Unit Letter E : 1664 Feet From The North Line and 958 Feet From The West Line
Section 27 Township 19N Range 35E NMPM Union Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4568'

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:

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.

Revised Well Location

Well was staked and permitted at Unit Letter E, Section 27, T19N, R35E, 1679' FNL X 957' FWL, Union County, New Mexico.

Well was drilled at Unit Letter E, Section 27, T19N, R35E, 1664' FNL X 958' FWL, Union County, New Mexico.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE D. J. Holcomb TITLE Field Team Leader DATE 5/5/98

TYPE OR PRINT NAME D. J. Holcomb TELEPHONE NO. (505) 374-3010

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5-27-98

CONDITIONS OF APPROVAL, IF ANY