

Submit 3 Copies
to Appropriate
District Office

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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 87504-2088

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

WELL API NO.
30-021-20050

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.
1832-121G

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 : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 12 Township 18N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4723.8 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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 21	420#	0	
1991	JUNE 11	420#	0	
1992	JUNE 11	410#	0	
1993	MAY 19	410#	0	
1994	MAY 27	410#	0	
1995	JUNE 7	410#	0	
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 6-27-95

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

(This space for State Use)
APPROVED BY Ry Egan TITLE DISTRICT SUPERVISOR DATE 7-27-95

CONDITIONS OF APPROVAL, IF ANY: