

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

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.

30-037-20038

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

2. Name of Operator

Amoco Production Company

8. Well No.

1735-121G

3. Address of operator

P.O. Box 3092, Houston, Texas 77253

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

4. Well Location

Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 12 Township 17N Range 35E NMPM QUAY County

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

4573GR

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

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 21 380# 0

1991 JUNE 11 380# 0

1992 JUNE 11 370# 0

1993

1994

1995

1996

1997

1998

1999

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

9/28/92

TYPE OR PRINT NAME

M. L. CLAY

TELEPHONE NO. (505) 374-3050

(This space for State Use)

APPROVED BY

[Signature]

TITLE

DISTRICT SUPERVISOR

DATE

10-6-92

CONDITIONS OF APPROVAL, IF ANY: