Submit 3 Copies to Appropriate District Office				tate of New Mexico and Natural Resources Department		Form C-103 Revised 1-1-89		
			ONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-021-20023		
DISTRICT II P O. Drawer DD. Arte	sia. NM 88210	Santa Fe,	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						l & Gas Lease ì	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		
1 Type of Well OIL WELL		GAS WELL	OTHER	CO2	BRAVO	DOME CO2 G	AS UNIT	
2 Name of Operator					8. Well No			
AMOCO PRODUCTION COMPANY						2030-181H		
3. Address of Operato P.O. Bo		TAD, NEW MEXICO		ł	9. Pool name or Wildcat  BRAVO DOME CO2 GAS UNIT			
4 Well Location Unit Letter	H :	1980 Feet From The	e NORTH	Line and 66		ot From The	CAST	
Section	18	Township	20N	Line and 66  Range 30E	NMPM res	et From TheE	AST Line County	
		10. Elev		ther DF, RKB, RT, GR, etc.)				
			5290					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
		F INTENTION TO:	<del></del> 1	S	UBSEQUENT F	REPORT OF:		
PERFORM REMEDI	AL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING	CASING	
TEMPORARILY ABA	<u></u>	CHANGE PLANS		COMMENCE DRILLING CASING TEST AND CE	<del>                                      </del>	PLUG AND	ABANDONMENT	
OTHER:	<u> </u>			OTHER: Yeariy Braden	لــــا		×	
12. Describe Proposed SEE RULE 110		itions (Clearly state	all pertinent details	s, and give pertinent dates, inc	luding estimated date	of starting any prop	osed work)	
	MONTH/DAY	TBG. PRESS.	CSG. PRE	SS. BLEED DOW	VN TIME			
1990	9/26	0	0					
1991	6/14	0	0					
1992 1993	6/11 5/26	0	0 0					
1994	7/12	0	0					
1995								
1996	5/22	0	0					
1997	4/15	0	0					
1998 1999	5/20 4/20	0	0					
2000	4/20	U	0					
I hereby certify that the SIGNATURE	. () 0/	is true and complete to the b		ge and belief. Field Tech.		DATE SOLIC		
TYPE OR PRINT NAME	cros Ou	<u> </u>		riola (Ed).		DATE 8/31/9 TELEPHONE NO.	(505) 374-3058	
(This space for State Line)								
APPROVED BY THE DITTIES OF DATE 9/13/98								
CONDITIONS OF APPROVAL, IF ANY								