Submet 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, Ho	OIL CONSERVATION DIVISION px 1980, Hobbs, NM 88240 P.O. Box 2088					WELL	API NO. 30-021-20023			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210						5. Indic	ate Type of Leas	se FEE		
DISTRICT III 1000 Rio Brazos R	id., Aztec, NM 87410					6. State	Oil & Gas Leas	e 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	GA: WE		OTHER	C02		BRAV	/O DOME CO2 GAS UN	IT		
2. Name of Operat	tor CO PRODUCTION COMPAN	γ	· · · · · · · · · · · · · · · · · · ·			8. Well	No. 2030-181H			
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	Н : 19	Feet From The	NORTH	Line ar	nd 660	•	Feet From The	EAST	Line	
Section	18	Township	20N		0E NM	РМ	HARDING	Co	ounty	
		10. Elevati	on (Show whe	ther DF, RKB, RT, G	GR, etc.)					
) 1		ck Appropriate Box	to Indicate	Nature of	_					
PERFORM REMEDIAL	NOTICE OF INTE	:N HUN TU: PLUG AND ABANDON		REMEDIAL WO		UENT REP	ORT OF:	CASING		
TEMPORARILY ABAN		CHANGE PLANS		COMMENCE D				ABANDONMENT	-	
PULL OR ALTER CASI	NG		LJ	CASING TEST	AND CEMENT JOB				L_	
OTHER:				OTHER: Y	aarly Bradenhead Test (TA	Well)			x	
12. Describe Propo SEE RULE 1103	sed or Completed Operation	ns (Clearly state all pe	rtinent details, and giv	re pertinent dates, inclui	ding estimated date of st	arting any propo	osed work)		-	
YEAR 1990	MONTH/DAY 9/26	TBG. PRESS.	CSG. P	RESS. E	LEED DOW	N TIME				
1991	6/14	0	0							
1992	6/11	0	0							
1993	5/26	0	0							
1994 1995	7/12	0	0							
1996	5/22	0	0						[
1997	4/15	0	0						İ	
1998	5/20	0	0							
1999 2000										
	- 1 () 0	complete to the best of my knowledge	and belief.							
SIGNATURE	an .K. El	ay	TITLE	Field Tech.			DATE 8/26/	98		
TYPE OR PRINT NAME	M. L. CLAY						TELEPHONE NO.	(505) 374-3	058	
APPROVED BY	TUC	Mum	TITLE 2	STRICT	SUPERVI	SOR	DATE	16/9	8	
CONDITIONS OF APPROV	AL, IF AÑY:									