

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.	30-021-21027
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BRAVO DOME CO2 GAS UNIT
8. Well No.	2131-021A
9. Pool name or Wildcat	BRAVO DOME CO2 GAS UNIT

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/>	
2. Name of Operator Amoco Production Company	
3. Address of operator P.O. Box 606 CLAYTON, NEW MEXICO 88415	
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>EAST</u> Line and <u>990</u> Feet From The <u>NORTH</u> Line Section <u>2</u> Township <u>21N</u> Range <u>31E</u> NMPM HARDING County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5087 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	SEPT. 27	290#	0	
1991	SEPT. 20	280#	0	
1992	SEPT. 20	285#	0	
1993	JUNE 8	285#	0	
1994				
1995				
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 10-14-93  
TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505)

(This space for State Use)

APPROVED BY Ry Johnson DISTRICT SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE 10-20-93