

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	<b>OIL CONSERVATION DIVISION</b> P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-021-20030
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		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

1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2	8. Well No. 1932-341K
2. Name of Operator AMOCO PRODUCTION COMPANY	9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410	

4. Well Location  
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 34 Township 19N Range 32E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4630.5 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>

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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/22	425#	0	
1991	6/17	430#	0	
1992	6/11	420#	0	
1993	5/19	420#	0	
1994	5/27	400#	0	
1995	6/9	405#	0	
1996	5/22	405#	0	
1997	5/21	405#	0	
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 9/4/87

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-11-87

CONDITIONS OF APPROVAL, IF ANY: