

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department  <b>OIL CONSERVATION DIVISION</b>  P.O. Box 2088  Santa Fe, New Mexico 87504-2088	Form C-103 Revised 1-1-89																																																												
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		<b>WELL API NO.</b> 30-021-20060																																																												
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		<b>5. Indicate Type of Lease</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																												
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		<b>6. State Oil &amp; Gas Lease No.</b>																																																												
<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.)		<b>7. Lease Name or Unit Agreement Name</b>  BRAVO DOME CO2 GAS UNIT																																																												
		<b>8. Well No.</b>  2032-171K																																																												
<b>1. Type of Well</b> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER C02		<b>9. Pool name or Wildcat</b>  BRAVO DOME CO2 GAS UNIT																																																												
<b>2. Name of Operator</b> AMOCO PRODUCTION COMPANY																																																														
<b>3. Address of Operator</b> P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																														
<b>4. Well Location</b> Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 17 Township 20N Range 32E NMPM HARDING County																																																														
		<b>10. Elevation</b> (Show whether DF, RKB, RT, GR, etc.) 4791.6 GR																																																												
<b>11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</b>																																																														
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<b>12. Describe Proposed or Completed Operations</b> (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.																																																														
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<b>I hereby certify that the information above is true and complete to the best of my knowledge and belief.</b>																																																														
SIGNATURE <u>M. L. Clay</u>		TITLE <u>Field Tech.</u> DATE <u>9/4/97</u>																																																												
TYPE OR PRINT NAME <u>M. L. CLAY</u>		TELEPHONE NO. <u>(505) 374-3058</u>																																																												
(This space for State Use) APPROVED BY <u>R. E. Johnson</u>		TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-11-97</u>																																																												
CONDITIONS OF APPROVAL, IF ANY:																																																														