Submit 3 Copies	Sta	te of New N	Mexico	Form C-103
to Appropriate	Energy, Minerals, and Natural Resources Department			Revised 1-1-89
District Office				
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION			WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	40 P.O. Box 2088			30-021-20074
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease
DISTRICT III				STATE FEE
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				BRAVO DOME CO2 GAS UNIT
OK WELL	GAS WELL	OTHER	CO2	SHAVO DOME 602 BAS DIVI
2. Name of Operator		0111211	002	8. Well No.
AMOCO EXPLORATION AND	PRODUCTION COMPANY			1831-231G
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				SHATO DOWLE GOZ GAS UNIT
Unit Letter G :	1980 Feet From The	North	Line and 1980	Feet From The East Line
Section 23	Township	18N	Range 31E NMI	***************************************
	10. Elevatio	n (Show whe	ther DF, RKB, RT, GR, etc.)	
		4371	GR	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF IN	TENTION TO:		I	UENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	_		CASING TEST AND CEMENT JOB	
OTHER:			OTHER: Yearly Bradenhead Test (TA V	voii)
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	Y TBG. PRESS.	CSG. PI	RESS. BLEED DOWN	ITIME
1990 6/22	0	0		111112
1991 6/17	0	0		
1992 6/16 1993 5/25	0	0		
1993 5/25 1994 5/27	0	0		
1995 6/9	0	0		
1996 5/23	0	0		
1997 5/21	0	0		
1998 7/22	0	0		
1999	-	·		
2000				
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I hereby certify that the information above is trug and complete to the best of my knowledge and belief.				
SIGNATURE M. S. Eller	4	TITLE F	ield Tech	DATE 8/26/98
TYPE OR PRINT NAME M. L. CLAY	1			TELEPHONE NO. (505) 374-3058
(This space for State Use)				
APPROVED BY GONDITIONS OF APPROVAL, IF ANY: DISTRICT SUPERVISOR DATE 9/16/88				
CONSULTIONS OF AFFRUYAL, IF ANT:				