Submit 3 Copies to Appropriate	· · · · · · · · · · · · · · · · · · ·	State of New Mexico Energy, Minerals, and Natural Resources Department				Form C-103 Revised 1-1-89			
District Office							1104(90)		
DISTRICT I OIL CONSE				RVATION DIVISION			PI NO.		
P.O. Box 1980, Hobbs, NM 88240			P.O. Box 2	P.O. Box 2088			0-021-20075		
P.O. Drawer DD, Artesia, NM 88210			New Mexico	w Mexico 87504-2088			5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd.	, Aztec, NM 87410						il & Gas Lease N		
	SIINDRY	NOTICES AND DEDODES O	NWELLO		· · · · · · · · · · · · · · · · · · ·				
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A									
		ERVOIR. USE "APPLICATION FOR PERMI	r <b>-</b>	7. Lea			lame or Unit Agr	eement Name	
l. Type of Well	(F	FORM C-101) FOR SUCH PROPOSALS.)				4			
		AS T				BRAVO	DOME CO2 GAS UNIT		
OIL WELL	<del></del>	ELL	OTHER	CO2					
2. Name of Operator						8. Well No	).		
	EXPLORATION AND PR	ODUCTION COMPANY	<del> </del>				1832-101G		
3. Address of Operato					9. Pool name or Wildcat				
P.O. Box	303, AMISTAD,	NEW MEXICO 88410				BRAVO	DOME CO2 GAS UNIT		
Well Location									
Unit Letter	<u>G</u> : 19	980 Feet From The	North	Li	ne and 1980	Fee	et From The Eas	st Line	
Section	10	Township	18N	Range	32E NN	4PM	Harding	County	
		10. Eleva	tion (Show wh	ether DF, RKB, I	RT, GR, etc.)	······································			
			4620						
11.	Chec	ck Appropriate Box	to Indicat	e Nature	of Notice Re	nort or Ot	her Data		
	NOTICE OF INT			1					
PERFORM REMEDIAL WO						QUENT REPOR	II UF:		
TENTONM NEMEDIAL WO		PLUG AND ABANDON		REMEDIAL	WORK		ALTERING CASIN	IG	
TEMPORARILY ABANDOI	N	CHANGE PLANS		COMMEN	CE DRILLING OPNS.		PLUG AND ABAN	DONMENT	
PULL OR ALTER CASING				CASING T	EST AND CEMENT JOB			لــــــا	
OTHER:				OTHER:	Yearly Bradenhead Test (TA	Well)		х	
SEE RULE 1103.	or Completed Operation	ns (Clearly state all pe	ertinent details, and gi	ive pertinent dates, i	ncluding estimated date of s	tarting any proposed	(work)		
1	MONTH/DAY	TBG. PRESS.	CSG. P	RESS.	BLEED DOW	N TIME			
1990	6/21	425#	0						
1991	6/17	430#	0						
1992	6/12	420#	0						
1993 1994	5/19	420#	0					İ	
	5/27	420#	0						
1995	6/9	420#	0						
1996	5/22	420#	0						
1997	5/21	0	0						
1998	9/3	0	0						
1999									
2000									
1									
								ľ	
								}	
	ormation above is true and o	complete to the best of my knowledge	and belief.						
SNATURE	The sta	9	TITLE	Field Tech			DATE 9/4/98		
PE OR PRINT NAME	M. L. CLAY						TELEPHONE NO.	(505) 374-3058	
his space for State Use) PROVED BY	(K. 8/	Kum	nne Di	STRICT	SUPERVI	SOP	alin	/a v	
NDITIONS OF APPROVAL, IF	ANY: Z					the Property of the	DATE	198	
or an interac, if	······································								