Submit 3 Copies		ate of New M				Form C-1	03	
to Appropriate	Energy, Minerals,	and Natural R	lesources Departme	ent		Revised 1	l <b>-1-89</b>	
District Office	OYY GONY							
DISTRICT I	OIL CONSERVATION DIVISION				WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088				30-021-20083			
DISTRICT II Santa Fe, New Mexico 87504-2088					5. Indicate Type of Lease			
P.O. Drawer DD, Artesia, NM 88210					STATE FEE			
DISTRICT III				i	6. State Oil & Gas	Lease No		
1000 Rio Brazos Rd., Aztec, NM 8	7410				or state on te das	Lease 110.		
CI.	NDRY NOTICES AND DEC	ODTC ON	VELLO.			<del> </del>	<del></del>	
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"					7. Lease Name or Unit Agreement Name			
	(FORM C-101) FOR SUCH PROF	OSALS.)	Ye;		,	· ·		
1. Type of Well					BRAVO DOME	CO2 GAS UN	IIT	
OIL WELL	GAS WELL	OTHER	CO2					
	WELL	OTHER			0.137.11.37		<u>-</u>	
2. Name of Operator	ATION AND DECEMENT OF				8. Well No.			
AMOCO EXPLORATION AND PRODUCTION COMPANY					1930-091J			
3. Address of Operator					9. Pool name or Wildcat			
P.O. Box 303,	AMISTAD, NEW MEXICO	88410			BRAVO DOME	CO2 GAS UN	IIT	
4. Well Location	·						<del></del>	
Unit Letter J	: 1980 Feet From The	South	Line and	1980	Feet From The	East	Line	
Section 9	Township	19N	Range 30E	NMPN	-1 Harding		County	
	10. Eleval	ion (Show when	ther DF, RKB, RT, GR, etc.				- Girini	
		4527		,				
11.	Check Appropriate Box	to Indicate	Nature of Not	ice Deno	rt or Other Do			
		to marcate	i Nature of Inot	•				
NOTIC	E OF INTENTION TO:			SUBSE	QUENT REPOR	r of:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	<b>‹</b>	AL	TERING CASIN	G	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIE	LING OPNS	PI	UG AND ABANI	ONMENT -	
		L			<del>  </del>	OO AND ADAIN	L	
PULL OR ALTER CASING			CASING TEST AN	ID CEMENT JO	DB []			
OTHER:			OTHER: Yearly B	radenhead Test	(TA Well)		x	
12. Describe Proposed or Completed SEE RULE 1103.	Operations (Clearly state a	ll pertinent details	, and give pertinent date	s, including est	timated date of starting i	any proposed wo	ork)	
YEAR MONTH/	AY TBG. PRESS.	CSG. PRE	SS. BLEED C	NIT NWO	E			
1990 6/27	585#	0	_			`		
1991 6/19	585#	0					l	
1992 6/16	570#	0			. 4		ŀ	
1993 5/26	570#	. 0				•		
1994 6/2	565#	0					Ī	
1995 6/28	565#	0						
1996 5/23	565#	0						
1997 4/15	565#	0						
1998 7/22	565#	0						
1999 . 6/22	560#	. 0						
2000 8/1	570#	. 0 .	-	•				
		•		•				
							İ	
1	•		•					
nereby certify that the information	above is true and complete to the bes	of my knowledge	and belief.			<u></u>		
GNATURE ME	Class.	TITLE F	ield Tech.		DATE	8/21/00		
OF OR BRINT NAME					<del></del>			
YPE OR PRINT NAME M. L. C	~ / / //				TELEPHO	NE NO. (505)	374-3058	
his space for State Use)	Zhh.	DIG	STDICT CIL	DEDV	COP	0/		
PPROVED BY	CATAL	TITLE	STRICT SU	rek VI	DUK DATE	8/25/	60	
ONDITIONS OF APPROVAL, IF ANY	' //							