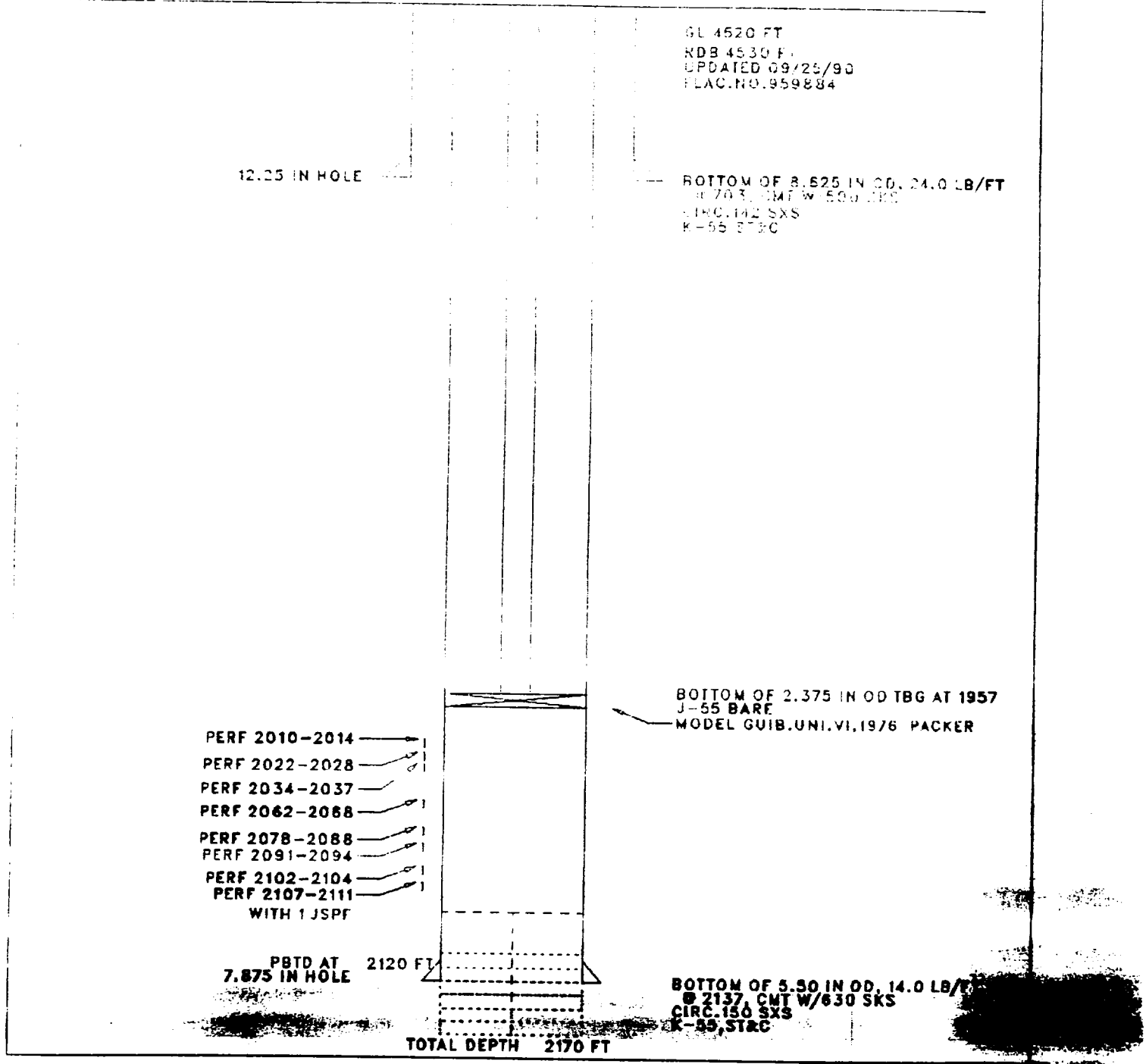
BDCDGU WELL NO.1930–101 K
STATE KN NO.1 API NO.30–021–20084
1980'FSL X 1980'FWL,SEC.10,T–19–N,R–30–E
HARDING COUNTY NEW.MEXICO



Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-021-20084

5. Indicate Type of Lease STATE ☐ FEE ☐

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
Bravo Dome Carbon Dioxide Gas Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ CO2 OTHER

2. Name of Operator
Amoco Production Company

8. Well No.
1930 101K

3. Address of Operator
P. O. Box 3092; Houston, TX 77253

9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

~~640~~ Acre Area

Section 10 Township T19N Range R30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4520

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

NOTICE OF INTENTION TO:				SUBSEQUENT 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 Well)	☒		

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	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 27	575#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/10/90

TYPE OR PRINT NAME C.M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)

APPROVED BY By E Johnson TITLE DISTRICT SUPERVISOR DATE 12-17-90

CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 6-27-91