

DISTRICT I P O Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-021-20084
DISTRICT II P O Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
DISTRICT III 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 BRAVO DOME CO2 GAS UNIT
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2	2. Name of Operator AMOCO EXPLORATION AND PRODUCTION COMPANY	8. Well No. 1930-101K
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 Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>19N</u> Range <u>30E</u> NMPM Harding County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4520</u> <u>GR</u>		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Yearly Bradenhead Test (TA Well) <input checked="" type="checkbox"/>	

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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/27	575#	0	
1991	6/19	570#	0	
1992	6/16	565#	0	
1993	5/26	560#	0	
1994	6/2	560#	0	
1995	6/28	560#	0	
1996	5/23	560#	0	
1997	4/15	560#	0	
1998	7/22	550#	0	
1999				
2000				

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

SIGNATURE M. L. Clay TITLE Field Tech. DATE 8/26/98

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/16/98

CONDITIONS OF APPROVAL, IF ANY: