Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals, and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-021-20087

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 CO2 GAS UNIT

1. Type of Well

OIL WELL ☐   GAS WELL ☐   OTHER   CO2

8. Well No.

1930-331F

2. Name of Operator

AMOCO EXPLORATION AND PRODUCTION COMPANY

9. Pool name or Wildcat

BRAVO DOME CO2 GAS UNIT

3. Address of Operator

P.O. Box 606,   CLAYTON,   NEW MEXICO   88415

4. Well Location

Unit Letter	F	1980	Feet From The	NORTH	Line and	1980	Feet From The	WEST Line
Section	33	Township	19N	Range	30E	NMPM	HARDING	County

10. Elevation   (Show whether DF, RKB, RT, GR, etc.)
    4430   GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐
PULL OR ALTER CASING	☐		
OTHER: _____	☐		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
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	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990	6/27	545#	0	
1991	6/19	545#	0	
1992	6/16	530#	0	
1993	5/26	530#	0	
1994	6/2	530#	0	
1995	6/28	530#	0	
1996	5/23	530#	0	
1997	4/15	530#	0	
1998				
1999				
2000				

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

SIGNATURE _____   TITLE   Field Tech.   DATE   8/5/97

TYPE OR PRINT NAME   M. L. CLAY

TELEPHONE NO.   (505) 374-3058

(This space for State Use)

APPROVED BY _____   TITLE   DISTRICT SUPERVISOR   DATE   8-14-97

CONDITIONS OF APPROVAL, IF ANY: