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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 30-021-2008 Santa Fe. New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE [] STATE L 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" BRAVO DOME CO2 GAS UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well OIL U C02 2. Name of Operator 8. Well No. Amoco Production Company 1931-011G 3. Address of operator 9. Pool name or Wildcat P.O. Box 606, CLAYTON, NEW MEXICO 88415 BRAVO DOME CO2 GAS UNIT 4. Well Location 1980 Feet From The NORTH 1980 Line and Feet From The EAST Line Section Township 19N Range 31E **NMPM** HARDING County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4598 GR 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: YEARLY BRADENHEAD TEST (TA WELL) OTHER: 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. TUBING PRESSURE CASING PRESSURE BLEED DOWN TIME YEAR MONTH/DAY 1990 **JUNE 29** 445# O 1991 **JUNE 19** 445# 0 **JUNE 17** 1992 435# 0 1993 **MAY 27** 435# 0 1994 JUNE 2 435# 0 1995 June 30 435# 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 FIELD TECH. TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: