

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89																																																												
<b>OIL CONSERVATION DIVISION</b> P.O. Box 2088 Santa Fe, New Mexico 87504-2088		<b>WELL API NO.</b> 30-021-20091																																																												
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																												
DISTRICT II P.O. Drawer DD, Artesia, NM 88210																																																														
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410																																																														
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		6. State Oil & Gas Lease No.																																																												
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER C02		7. Lease Name or Unit Agreement Name  BRAVO DOME C02 GAS UNIT																																																												
		8. Well No.  1931-311J																																																												
2. Name of Operator AMOCO PRODUCTION COMPANY		9. Pool name or Wildcat BRAVO DOME C02 GAS UNIT																																																												
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																														
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 31 Township 19N Range 31E NMPM HARDING County																																																														
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4532 GR																																																												
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																														
<table border="0" style="width:100%;"><tr><td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td><td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABANDONMENT <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td><td></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td></td><td>OTHER: Yearly Graduated Test (TA Well) <input checked="" type="checkbox"/></td><td></td></tr></table>			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 Graduated Test (TA Well) <input checked="" type="checkbox"/>																																									
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12. Describe Proposed or Completed Operations SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)																																																														
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																														
SIGNATURE <u>M. L. Clay</u>		TITLE <u>Field Tech.</u> DATE <u>8/4/97</u>																																																												
TYPE OR PRINT NAME <u>M. L. CLAY</u>		TELEPHONE NO. <u>(505) 374-3058</u>																																																												
APPROVED BY <u>R. J. Johnson</u>		TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-11-97</u>																																																												
CONDITIONS OF APPROVAL, IF ANY:																																																														