Submit 3 Copies to Appropriats District Office		f New Mexico Natural Resources Department	Form C-103 Revised 1-1-89
1	OH CONSERV	VATION DIVIDION	
DISTRICT I		VATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.0	D. Box 2088	30-021-20094
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New 1	Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
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
1. Type of Well	GAS		BRAVO DOME CO2 GAS UNIT
OF MET	WELL DTHE	C02	
2. Name of Operator	DINV		8. Well No.
AMOCO PRODUCTION COM	PANT		2031-101G
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 303, AMISTAD,	NEW MEXICO 88410		BRAVO DOME CO2 GAS UNIT
4. Well Location			
Unit Letter G :	1650 Feet From The	NORTH Line and 1650	Feet From The EAST Line
Section 10	Township 20N	Range 31E	NMPM HARDING County
	10. Elevation	(Show whether DF, RKB, RT, GR, etc.) 4664 GR	
11. <b>C</b> I	neck Appropriate Box to	Indicate Nature of Notice, I	Report or Other Data
	NTENTION TO:	ı	
	¬ —	50E	SEQUENT 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	<u> </u>	CACING TEST AND STRAFFUT ION	
_	J	CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Yearly Bradenhead Te	st (TA Well)
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including astimated date of starting any proposed work)  SEE RULE 1103.			
YEAR MONTH/DA	· · · · · · ·	CSG. PRESS. BLEED DC	WN TIME
1990 6/29	355#	0	
1991 6/19	360#	. 0	
1992 6/17	350#	0	
1993 5/28	350#	0	
1994 6/2	345#	0	
1995			
1996 6/3	345#	0	İ
1997 7/8	345#	0	
1998			
1999			
2000			
hereby certify that the information above is true	and complete to the best of my knowledge and bei	ef. TITLE Field Tech.	DATE CHART
TYPE OR PRINT NAME M.I. CLAY	d		DATE 9/4/97
	24 /7		TELEPHONE NO. (505) 374-3058
(This space for State Use) APPROVED BY	Olim-	DISTRICT SUPER	VISOR DATE 9-11-97
CONDITIONS OF APPROVAL, IF ANY:			