Submit 3 Copies	2	tate of New Me	vico				
to Appropriate	Energy, Minerals, and Natural Resources Department						C-103
District Office	o, The state of the state					N6Y!	sed 1-1-89
DISTRICT I	OIL CONS	SERVATIO	N DIVIS	NON	WELL	ADINO	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.		
						30-021-20096	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	New Mexico 87	7504-2088			te Type of Lease	FEE
DISTRICT III					6. State (Oil & Gas Lease	No.
1000 Rio Brazos Rd., Aztec, NM 87410							
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DELLAR TO DEEPEN OR PLUG BACK TO A							
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease	Name or Unit A	greement Name
Type of Well	(I diver be to ly t div bout t flot boxes.)				٠,,,,,	DOME 000 010 1111	
OT MET	GAS WELL	OTHER (002		BHAVE	DOME CO2 GAS UNIT	
2. Name of Operator					8. Well N	O.	
AMOCO PRODUCTION COM	PANY					2031-271G	
3. Address of Operator					9. Pool name or Wildcat		
P.O. Box 303, AMISTAD,	NEW MEXICO 88410					DOME CO2 GAS UNIT	
4. Well Location					Ditato	DOME COZ GAS CIRT	
Unit Letter G	1650 Feet From The	NORTH	Line	e and 1650		eet From The	EAST Line
Section 27	Township		Range	-		 -	·
					APM .	HARDING	County
	10. Eleva	4630	er DF, RKB, R GR				
ii. Ch	neck Appropriate Box	to Indicate	Nature o	f Notice, Re	port, or C	ther Data	
	NTENTION TO:	1			Quent repo		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL				
]		HEMEDIAL.	HUNK		ALTERING CA	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENC	E DRILLING OPNS.		PLUG AND A	ANDONMENT
PULL OR ALTER CASING			CASING TE	ST AND CEMENT JOB			
OTHER:			OTHER:	Yearly Bradenhead Test (T	A Well)		[√
12. Describe Proposed or Completed Opera SEE RULE 1103.	stions (Clearly state all p	pertinent details, and give p	pertinent dates, in	ocluding estimated date of	tarting any propos	ed work)	<u>_</u>
YEAR MONTH/DA	Y TBG. PRESS.	CSG. PR	ESS	BLEED DOW	NITIME		
1990 6/29	500#	0	LOO.	BLEED DOW	IN THAIR		
1991 6/19	500#	Ö					
1992 6/17	490#	Ö					
1993 5/28	490#	Ō					
1994 6/2	490#	0					
1995 6/30	490#	0]
1996 6/3	490#	0					l
1997 7/8	490#	0					
1998							
1999							
2000							
harshy partify that the information of the in-	and complete to the body						
hereby certify that the information above is true	and complete to the best of my knowledge						
IGNATURE	xve	TITLE Fie	eld Tech.			DATE 9/4/97	
YPE OR PRINT NAME M: L. CEAY						TELEPHONE NO.	(505) 374-3058
This space for State Use)	11//						
PPROVED BY	Doller-	TITLE DIS	TRICT	SUPERVI	SUK	DATE 9-1	11-97
ONDITIONS OF APPROVAL, IF ANY:							
ν							