Submit 3 Copies				State of New 1					Form C-103		
to Appropriate			Energy, Minerals	, and Natura	l Resources I	Department			Revised 1-1-89		
District Office											
DISTRICT I			OIL CON	SERVATI	ON DIVIS	ION	WELL	API NO.		· · · · · · · · · · · · · · · · · · ·	
P.O. Box 1980, Hobbs, NM 88240 P.				P.O. Box 2	. Box 2088			30-021-20097			
DISTRICT II Santa Fe, New					Iexico 87504-2088			te Type of			
P.O. Drawer DD, Art	tesia, NM 88210							STATE	FEF		
DISTRICT III 1000 Rio Brazos Rd.,	, Aztec, NM 874	10					6. State	Oil & Gas	Lease No.		
	SUN	DRY NOTIC	ES AND REPORTS (N WELLS							
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO Different reservoir. Use "Application for Permit"					17			7. Lease Name or Unit Agreement Name			
	DII 7 CIII		101) FOR SUCH PROPOSALS.)	11). Lease	rvanic or c	omi Agreement	. Ivaille	
1. Type of Well				· · · · · · · · · · · · · · · · · · ·			BRAVO	DOME CO2 G	AS UNIT		
ON WELL		GAS WELL		OTHER	CO2						
2 Name of Operator		7111		u men			8. Well N		· · · · · · · · · · · · · · · · · · ·	· 	
1	PRODUCTION C	OMPANY					o. Well I	vo. 2031∙3	341G		
3 Address of Operate	or				· • · · · · · · · · · · · · · · · · · ·		9. Pool n	ame or W	ildcat		
P.O. Box		AD, NEW	MEXICO 88410				BRAVO	DOME CO2 G	GAS UNIT		
4. Well Location					, ,,,,,,		· .		· · · · · · · · · · · · · · · · · · ·		
Unit Letter	G	: 1980	Feet From Th	e NORTH	Lin	e and 1980	1	Feet From The	EAST	Line	
Section	34		Township	20N	Range	31E NM	IPM	HARDII	NG (County	
			10. Elev	ration (Show w	hether DF, RKB, R 91 GR		,				
11.		Check A	Appropriate Bo	x to Indica	te Nature o	of Notice, Rep	ort, or C	Other Da	ıta		
<u> </u>	NOTICE O	F INTENTI	ON TO:			SUBSEC	QUENT REPO	ORT OF:			
PERFORM REMEDIAL WI	Г	·1	PLUG AND ABANDON		REMEDIAL				TERING CASING		
TEMPORARILY ABANDO	<u> </u>	=	CHANGE PLANS	H		E DRILLING OPNS.			UG AND ABANDONMENT	, <u>L</u>	
PULL OR ALTER CASING	F	\dashv		LJ		ST AND CEMENT JOB	片	. 2.		<u> </u>	
OTHER:	L				OTHER:	Yearly Bradenhead Test (TA	. Well)			[x	
12 Describe Proposes	d or Completed (Operations	(Clearly state all	pertinent details, and		ncluding estimated date of s		sed work)		<u> </u>	
SEE RULE 1103.											
YEAR	MONTH/I	DAY	TBG. PRESS.		PRESS.	BLEED DOW	N TIME				
1990 1991	6/29 6/19		500# 500#	0							
1991	6/19		490#	0							
14000	5/28		490#	0							
â 1993 1994	6/2		485#	0							
1995	6/30		485#	0							
1996	6/3		485#	0							
1997	7/8		485#	0							
1998	8/27		480#	0							
1999											
2000											
				11.77	·				····		
I hereby certify that the in SIGNATURE	information above is	true and comp	ete to the best of my knowled		Eigld Ta-4			DATE	n xo xo a		
· ·	1 0		7	ππε	Field Tech.			DATE	9/8/98		
TYPE OR PRINT NAME	M. L. CO	01						TELEPHONE	NO. (505) 374	4-3058	
(This space for State Use APPROVED BY	1/ //	/ W/9/	Term	TITLE 1	STRICT	SUPERVI	SOR	DATE	9/14/9	5)	
CONDITIONS OF APPROVAL,	, IF ANY:			<u> </u>	<u> </u>				,, ,,	-	
	•	V									