Submit 3 Copies				e of New Mexico			Form C-103			
to Appropriate		Energy, Minerals,	and Natural	Natural Resources Department			Revised 1-1-89			
District Office		OH CONG		<b></b>	CYON					
							WELL API NO.			
				P.O. Box 2088			30-021-20098			
				w Mexico 87504-2088 5. Ir			Indicate Type of Lease			
P.O. Drawer DD, Artesia, NM 88210				<u> </u>			STATE	FEE	<u> </u>	
DISTRICT III 1000 Rio Brazos Rd , Aztec, NM 87410				6. State				se No.		
	d., Aztet, NM 87410									
/DO NO		OTICES AND REPORTS OF								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lea	7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)								g. coment ivi		
1 Type of Well						BR	AVO DOME CO2 GAS UI	NIT		
O1 METT	GA: WE		OTHER	C02						
2. Name of Operate			077121			8. Wel	l No			
-	O PRODUCTION COMPAN	Y				O. VVEI	2031-351G			
3 Address of Oper	<del> </del>				9. Pool name or Wildcat					
P.O. B		9. 1			BRAVO DOME CO2 GAS UNIT					
↓ Well Location	ox 303, AMISTAD,	NEW MEXICO 88410	<del></del>		<del></del>					
Unit Letter	G : 19	80 Feet From The	NORTH	Li	ne and 1	980	Feet From The	EAST	Line	
Section	35	Township	20N	Range	31E	NMPM	_	<del>-</del>	-	
		10. Elevat			<del></del> _	NAIPAI	HARDING	Coun	ity	
		IU. Eleva	tion ( <i>Snow whe</i> 4608	ther DF, RKB, Gl						
	Chec	k Appropriate Box	to Indiant	Notura	of Notice	Danam	O+1 D-+-			
.1			to marcare	i						
	NOTICE OF INTE	NIIUN IU:			5	SUBSEQUENT RE	PORT OF:			
PERFORM REMEDIAL V	WORK	PLUG AND ABANDON		REMEDIA	LWORK		ALTERING	CASING		
FEMPORARILY ABANDON CHANGE PLANS				COMMENCE DRILLING OPNS.			PLUG AND	ABANDONMENT		
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			Ī		<u> </u>	
JTHER:				OTHER:	Yearly Bradenhea	d Test (Tå Well)	J			
2 Describe Propos SEE RULE 1103.	ed or Completed Operation	S (Clearly state all pe	ertinent details, and give			date of starting any pro	pposed work)			
YEAR	MONTH/DAY	TBG. PRESS.	CSG. P	RESS	BLEED	OWN TIME				
1990	6/29	0	0	. (200.						
1991	6/19	0	0							
1992	6/17	0	0							
1993	5/27	0	0						İ	
1994	6/2	0	0						1	
1995	6/30	0	0						1	
1996	5/24	0	0							
1997	7/8	0	0							
1998	8/27	0	0							
1999		0	0						[ [	
2000		0	0							
hereby certify that the	information above is true and c	omplete to the best of my knowledge	and belief							
IGNATURE	M. J. Cla			Field Tech.			DATE 9/8/9	Ω		
				rieu 190n.						
YPE OR PRINT NAME	M. L. CLAY	<del>////</del>					TELEPHONE NO.	(505) 374-3058		
This space for State Us PPROVED BY	"( <del>X.</del>	544	TITLE D	STRIC	T SHOP		01	14/98		
ONDITIONS OF APPROVAL	IF ANY:		inite		<u> </u>		DATE 7/	1/18		
at ALLINOTAL									i	