Submit 3 Copies	State	of New Mexico	Form C-103	
to Appropriate	Energy, Minerals, ar	d Natural Resources Departm	ent Revised 1-1-89	
District Office				
DISTRICT I	OIL CONSE	RVATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088	30-021-20101	
DISTRICT II	Santa Fe, Ne	v Mexico 87504-2088	5. Indicate Type of Lease STATE FEE	
P.O. Drawer DD, Artesia, NM 88210			STATE FEE	
DISTRICT III			6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410				
SUNDRY	NOTICES AND REPORTS ON V	/FIIS		
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RES	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			
(1	FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well			BRAVO DOME CO2 GAS UNIT	
	AS FELL C	THER CO2		
	· · · · · · · · · · · · · · · · · · ·	Inter OUZ	O WALLEY.	
2. Name of Operator			8. Well No.	
AMOCO PRODUCTION COMPA	NY		2032-321F	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 303, AMISTAD, NEW MEXICO 88410			BRAYO DOME CO2 GAS UNIT	
4. Well Location				
	980 Feet From The	NORTH Line and	1980 Feet From The WEST Line	
Section 32	Township 2			
	10. Elevation	·	)	
		4690.1 GR		
Che	ck Appropriate Box t	o Indicate Nature of Not	ice, Report, or Other Data	
NOTICE OF INT	= = =	1	SUBSEQUENT REPORT OF:	
MUTICEOFINI	בויווטויו וט:	<b>¬</b>	SUBSECULINI REPORT OF.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	DPNS. PLUG AND ABANDONMENT	
	L		Maria Ion	
PULL OR ALTER CASING		CASING TEST AND CE	JEN 1 JUB	
OTHER:		OTHER: Yearly Brad	enhead Test (TA Well)	
12. Describe Proposed or Completed Operation	ons (Clearly state all perti	ent details, and give pertinent dates, including esti	mated date of starting any groopsed work)	
SEE RULE 1103.	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	•, •,	
YEAR MONTH/DAY	TBG. PRESS.	CSG. PRESS. BLEE	D DOWN TIME	
1990 6/22	445#	0		
1991 6/11	445#	0		
1992 6/11	435#	0		
1993 5/28	435#	0		
1994 5/27	430#	0		
1995	70011	•		
1996 6/3	430#	0		
1 1997 8/21	435#	0		
1997 6/21	425# 425#	0		
	4ZJ#	U		
1999				
2000			İ	
<b>†  </b>				
I hereby certify that the information above is true ar	nd complete to the best of my knowledge an	1 belief.		
SIGNATURE 9h - 2 G	lac	TITLE Field Tech.	DATE 9/8/98	
	0,			
TYPE OR PRINT NAME	$\rightarrow 10$		TELEPHONE NO. (505) 374-3058	
(This space for State Use)		DICTRICT CI	JPERVISOR DATE 9/14/98	
APPROVED BY	10pm	THE DISTRICT SU	7/14/78 DATE 7/14/78	
CONDITIONS OF APPROVAL, IF ANY:	/		•	