

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89																																																												
OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-021-20101																																																												
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT																																																												
DISTRICT II P.O. Drawer DD, Artesia, NM 88210																																																														
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410																																																														
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.)		8. Well No. 2032-321F																																																												
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER C02																																																														
2. Name of Operator AMOCO PRODUCTION COMPANY		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																												
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																														
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>20N</u> Range <u>32E</u> NMPM <u>HARDING</u> County																																																														
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4690.1</u> <u>GR</u>																																																														
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data <table style="width:100%;"><tr><td style="width:50%; vertical-align: top;">NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/></td><td style="width:50%; vertical-align: top;">SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Yearly Gradenhead Test (TA Well)</u> <input checked="" type="checkbox"/></td></tr></table>			NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Yearly Gradenhead Test (TA Well)</u> <input checked="" type="checkbox"/>																																																										
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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>1990</td><td>6/22</td><td>445#</td><td>0</td><td></td></tr><tr><td>1991</td><td>6/11</td><td>445#</td><td>0</td><td></td></tr><tr><td>1992</td><td>6/11</td><td>435#</td><td>0</td><td></td></tr><tr><td>1993</td><td>5/28</td><td>435#</td><td>0</td><td></td></tr><tr><td>1994</td><td>5/27</td><td>430#</td><td>0</td><td></td></tr><tr><td>1995</td><td></td><td></td><td></td><td></td></tr><tr><td>1996</td><td>6/3</td><td>430#</td><td>0</td><td></td></tr><tr><td>1997</td><td>8/21</td><td>435#</td><td>0</td><td></td></tr><tr><td>1998</td><td></td><td></td><td></td><td></td></tr><tr><td>1999</td><td></td><td></td><td></td><td></td></tr><tr><td>2000</td><td></td><td></td><td></td><td></td></tr></tbody></table>			YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED 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					1996	6/3	430#	0		1997	8/21	435#	0		1998					1999					2000				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE <u>M. L. Clay</u> TITLE <u>Field Tech.</u> DATE <u>9/8/97</u> TYPE OR PRINT NAME <u>M. L. CLAY</u> TELEPHONE NO. <u>(505) 374-3058</u> (This space for State Use) APPROVED BY <u>[Signature]</u> TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-15-97</u> CONDITIONS OF APPROVAL, IF ANY:																																																														