

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-021-20103
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name Bravo Dome CO2 Gas Unit

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER C02

8. Well No. 2033-181G

2. Name of Operator Amoco Production Company

9. Pool name or Wildcat Bravo Dome CO2 Gas Unit
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3. Address of Operator P. O. Box 606, Clayton, NM 88415
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4. Well Location Unit Lener G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 18 Township 20N Range 33E NMPM Harding County
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10. Elevation (Show whether DF, RRB, RT, GR, etc.) 4995 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: Flow Test <input checked="" type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>

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.

Flow test well for verification of gas and water production rates.
One day to stabilize flow, 3 day flow test.
Ater completion of flow test, well will be returned to shut in.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Billy E. Prichard TITLE Field Foreman DATE 3/18/93
TYPE OR PRINT NAME Billy E. Prichard TELEPHONE NO. 505-374-30

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 3-29-93
CONDITIONS OF APPROVAL, IF ANY