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	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-021-20133
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0		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
1. Type of Well	GAS WELL OTHER	CO2	BRAVO DOME CO2 GAS UNIT
2 Name of Operator			8. Well No.
AMOCO PRODUCTION CO 3 Address of Operator	MPANY		1933-091J 9. Pool name or Wildcat
P.O. Box 303, AMISTAE), NEW MEXICO 88410		BRAVO DOME CO2 GAS UNIT
Well Location Unit Letter	1980 Feet From The SOUTH	Line and 1980	Feet From The EAST Line
Section 8	Township 19N	Range 33E NMP	M TONION HARDING County
	10. Elevation (Show who	ether DF, RKB, RT, GR, etc.) GL	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF	INTENTION TO:	SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER: Yearly Bradenhead Test (TA Well) 12. Describe Proposed or Completed Operations (Clearly state all pertinent datails, and give pertinent datas including estimated data of starting any proposed work)			
SEE RULE 1103.			
YEAR MONTH/D 1990 1991 1992 1993 1994 1995 1996	AY TBG. PRESS. CSG. P	RESS. BLEED DOWN	TIME
1997 9/8 1998 1999 2000	290# 0		
I hereby certify that the information above is t	rus and symplete to the best of my knowledge and belief.	Field Tech.	DATE 9/10/97
TYPE OR PRINT NAME M. L. CLAY			TELEPHONE NO. (505) 374-3058
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	Johnne D	ISTRICT SUPERVI	SOR DATE 9-15-97