

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30-021-20139
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT
8. Well No. 2031-241F
9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT

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.)	
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2	
2. Name of Operator Amoco Production Company	
3. Address of operator P.O. Box 606, CLAYTON, NEW MEXICO 88415	
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>24</u> Township <u>20N</u> Range <u>31E</u> NMPM <u>HARDING</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4702 GR	

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

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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 29	360#	35#	5 MIN. BACK TO 1# AFTER 10 MIN. T/A 6/2/91
1991	JUNE 10	0	0	
1992	JUNE 17	0	0	
1993	MAY 28	0	0	
1994	JUNE 2	0	0	
1995	JUNE 30	0	0	
1996	JUNE 3	0	0	
1997				
1998				
1999				
2000				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M.L. Clay TITLE FIELD TECH. DATE 8-5-96  
TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-5-96  
CONDITIONS OF APPROVAL, IF ANY: