

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

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

P.O. Box 2088
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 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 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 4702 GR |

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 <input type="checkbox"/> | 2. Name of Operator Amoco Production Company |
| 3. Address of operator P.O. Box 606, CLAYTON, NEW MEXICO 88415 | 4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 24 Township 20N Range 31E NMPM HARDING 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: 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 | | | | |
| 1995 | | | | |
| 1996 | | | | |
| 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 10-4-93

TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E Johnson DISTRICT SUPERVISOR DATE 10-14-93

CONDITIONS OF APPROVAL, IF ANY: