Submit 3 Copies	Energy, Minerals, and Natural Resources Department					Form C-1U3			
to Appropriate	Energy, Minerais,	, and Natural Kes	sources Dep	partment		Ke	evised 1-1-89		
District Office	OH COM	~====		~~~					
DISTRICT I	OIL CONSERVATION DIVISION				WELL API NO.				
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088				30-021-20149				
DISTRICT II	Santa Fe, New Mexico 87504-2088				5. Indica	te Type of Lea	ase		
P.O. Drawer DD, Artesia, NM 88210		***************************************	·			STATE [FEE.		
DISTRICT HI									
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					b. State	Oil & Gas Lea	ise No.		
	***				<u> </u>		<u> </u>		
	OTICES AND REPORTS O		_	<u> </u>					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7 1 2000	LT	•		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.]					7. Lease	Name or Unit	Agreement	Name	
	JAM 0-101/1 On OCCIT I NOT CONES.			· · · · · · · · · · · · · · · · · · ·	-		=		
1. Type of Well	—				BHAVU	DOME CO2 GAS U	NIT		
OH WELL WE		OTHER CO	12						
2. Name of Operator					8. Well N	<u></u>			
AMOCO PRODUCTION COMPAN	av				O. WEILIN		,		
	it					2130-021G			
3. Address of Operator					9. Pool na	ame or Wildca	at		
P.O. Box 303, AMISTAD,	NEW MEXICO 88410				BRAVO	DOME CO2 GAS U	NIT		
4. Well Location					<u> </u>				
	650 Feet From The	NORTH	Line an	nd 1650	F	eet From The	EAST	Y inc	
Section 2						_		Line	
Section 2	Township	21N Rar		BOE NMI	PM	HARDING	C	ounty	
	10. Eleva	•	DF, RKB, RT, O	GR, etc.)	_				
		5294	GR						
11. Chec	ck Appropriate Box	x to Indicate N	Jature of	Notice Rep	ort or O	ther Data			
			141412 ==						
NOTICE OF INTE	:NTION TO:			Sursen	UENT REPO	RT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	RK		ALTERING	G CASING		
TEMPORARILY ABANDON	CHANGE PLANS	一一	COMMENCE DE	THE OPIG	H			 	
<u> </u>	CHANGE FLANS		COMMENCE DE	RILLING OPNS.	Щ	PLUG ANL	D ABANDONMENT	L	
PULL OR ALTER CASING			CASING TEST A	AND CEMENT JOB					
OTHER:			OTHER: Ye	early Bradenhead Test (TA V	-r_m			l,	
 Describe Proposed or Completed Operation SEE RULE 1103. 	ns (Clearly state all p	pertinent details, and give pert	tinent dates, includ	ding estimated date of sta	rting any propose	ed work)			
	TRO DRESS	222 DDE					<u>-</u>		
1	TBG. PRESS.	CSG. PRE	SS. b	BLEED DOWN	1 TIME				
1990 9/26	330#	0							
1991 9/23	325#	0						İ	
1992 9/17	325#	0							
1993 6/9	325#	0							
1994 7/12	325#	0							
1995								1	
1996 6/7	325#	0						- 1	
1997 9/4	325#	0							
1998 6/11	320#	0							
1999	02011	C						i	
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hereby certify that the information above is true and c	complete to the best of my knowledgr	a and belief.							
IGNATURE M. S. Clay	l	TITLE Field 1	Tach.			DATE 8/26	Pina		
	^		10011.	-		DATE 8/26	/98		
YPE OR PRINT NAME M. L. CLAY	<u> </u>					TELEPHONE NO.	(505) 374-30	058	
This space for State Use)							7. 7		
PPROVED BY	Hum	TITLE DIST	RICT S	SUPERVIS	ior -	DATE 9	/16/9	8	
ONDITIONS OF APPROVAL, IF ANY:	<u></u>			L. Jane M. Hamman R. A. M. Arter	7 *mer n v		,		
y									