| Submit 3 Copies   | State of New Mexico                                |                                       | Form C-103                               |                                       |
|---|--|---------------------------------------|--|---------------------------------------|
| o Appropriate   | Energy, Minerals, and Natural Resources Department |                                       | Revised 1-1-89                           |                                       |
| District Office   |  |                                       |  |                                       |
| DISTRICT I  | OIL CONSERVATION DIVISION                          |                                       | WELL API NO.                             |                                       |
| O. Box 1980, Hobbs, NM 88240  | P.O. Box 2088                                      |                                       | 30-021-20158                             |                                       |
| DISTRICT_II   | Santa Fe, New Mexico 87504-2088                    |                                       | 5. Indicate Type of L                    | Lease                                 |
| O. Drawer DD, Artesia, NM 88210   |  | STATE                                 | FEE                                      |                                       |
| DISTRICT III  |  |                                       | 6. State Oil & Gas L                     | ease No.                              |
| 000 Rio Brazos Rd., Aztec, NM 87410   |  |                                       |  |                                       |
| SIINDRY   | NOTICES AND REPORTS ON W                           | /FIIS                                 |  |                                       |
| 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"   |  |                                       | 7. Lease Name or Unit Agreement Name     |                                       |
| (FORM C-101) FOR SUCH PROPOSALS.)   |  |                                       | _  |                                       |
| Type of Well  |  |                                       | BRAVO DOME C                             | O2 GAS UNIT                           |
|   | AS OTHER   | CO2                                   |  |                                       |
| Name of Operator  |  |                                       | 8. Well No.                              |                                       |
| AMOCO PRODUCTION COMPANY  |  |                                       | 2033-161G                                |                                       |
| Address of Operator   |  |                                       | 9. Pool name or Wildcat                  |                                       |
| P.O. Box 303, AMISTAD, NEW MEXICO 88410   |  |                                       | BRAVO DOME CO2 GAS UNIT                  |                                       |
|   |  |                                       |  |                                       |
| Well Location Unit Letter G : 19  | 980 Feet From The North                            | Line and 1980                         | Feet From The                            | East Line                             |
| Section 16  | Township 20N                                       |                                       | <del></del>                              |                                       |
| Section 10  |  |                                       | PM Harding                               | County                                |
|   | 10. Elevation (Show whe 5033                       | ther DF, RKB, RT, GR, etc.)  GR       |  |                                       |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |  |                                       |  |                                       |
|   | INTENTION TO:                                      |                                       | EQUENT REPORT                            |                                       |
|   |  |                                       |  |                                       |
| ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   |  |                                       | ALTE                                     | ERING CASING                          |
| EMPORARILY ABANDON  | CHANGE PLANS                                       | S. PLU                                | G AND ABANDONMENT X                      |                                       |
| JLL OR ALTER CASING   | CASING TEST AND CEMENT                             |                                       | JOB                                      |                                       |
| THER:   |  | OTHER:                                |  |                                       |
| . Describe Proposed or Completed Operati  | ons (Clearly state all pertinent detail            | s and give pertinent dates, including | estimated date of starting ar            | ny proposed work)                     |
| SEE RULE 1103.  |  |                                       |  |                                       |
| 10/20/99  | hataa NUDOD salaasa saalaa                         | 1                                     | and Application in the second control of | 0. 0./0!/                             |
| · ·   | h water, NUBOP, release packer,                    | •                                     | • •                                      | · · · · · · · · · · · · · · · · · · · |
| workstring to 2,637 feet, spot 55 sacks of Class C cement, pull workstring uphole, WOC 4 hours, run workstring, tag cement at 2300 feet, pressure test casing to 500 psi, ok. Displace casing with fresh water and corrosion inhibited fluid, SDON. |  |                                       |  |                                       |
| 10/21/99  | dusting to odo psi, oik. Biopiace c                | doing with heart water arr            |  | rilaia, ODON.                         |
| Pull workstring to 2,073 feet, spot 20 sacks of cement from 2075' - 1959', pull workstring to 30 feet and spot 5 sacks of   |  |                                       |  |                                       |
| cement from 30' - 3', NDBOP, cut off wellhead, install PXA marker, RDMOSU, cut off well anchors and clean location.   |  |                                       |  |                                       |
|   |  |                                       |  |                                       |
|   |  | 2                                     | 18/00<br>OK K                            | >01                                   |
|   |  |                                       | DR K                                     | . 9                                   |
|   |  |                                       |  |                                       |
|   |  |                                       |  |                                       |
|   |  |                                       | · · · · · · · · · · · · · · · · · · ·    |                                       |
| ereby certify that the information above is true and opmplete to the best of my knowledge and be, ef  |  |                                       |  |                                       |
| SNATURE / / /   | Comb TITLE   | Field Foreman                         | DATE                                     | 10-25-99                              |
| PE OR PRINT NAME Danny J. Hol   | comb   |                                       | TELEPHON                                 | E NO. (505) 374-3010                  |
| nis space for State Use   |  |                                       |  |                                       |
| PROVED BY   | TITLE !  | MSTRICT SUFF                          | DATE C                                   | 2/10/00                               |
| INDITIONS OF APPROVAL, IF ANY   | ,  |                                       |  |                                       |