Submit 3 Copies	State of New	Mexico	Form C-103
to Appropriate	Energy, Minerals, and Natura		
District Office	<b>0.</b>		Revised 1-1-89
DIOTE IOT I	OH CONCEDIATI	ON DUNGLON	
DISTRICT I	OIL CONSERVATI	ON DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM: 88240	P.O. Box 2	2088	30-021-20170
DISTRICT II	Santa Fe, New Mexico	875042088	6 Indicate To-
P.O. Drawer DD, Artesia, NM 88210	Sunta 1 c, 11cm micaleo	073 <b>04-200</b> 0	5. Indicate Type of Lease STATE FEE
DISTRICT III			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			Cas Estade 110.
	RY 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.)		
1. Type of Well			BRAVO DOME CO2 GAS UNIT
ON WELL	GAS WELL OTHER	CO2	
	WELL OTHER	602	
2. Name of Operator			8. Well No.
AMOCO PRODUCTION CON	1PANY		1933-161G
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 303, AMISTAD.	NEW MEXICO 88410		
			BRAVO DOME CO2 GAS UNIT
4. Well Location			
Unit Letter G :	Feet From The NORTH	Line and 1650	Feet From The EAST Line
Section 16	Township 19N	Range 33E NMP	M HARDING County
	10. Elevation (Show w)	nether DF, RKB, RT, GR, etc.)	COMIN
	494	•	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
	NTENTION TO:	1	JENT REPORT OF:
	7 —	SUBSEU	יבווו ווברטוו טר:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	
<u></u>	╡	COMMENSE BRILLING OFNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Yearly Bradenhead Test (TA W	
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/DA	Y TBG. PRESS. CSG. F	PRESS. BLEED DOWN	T13.45
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1996 6/4	0		
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1997 4/21	0 0		
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1999			
2000			
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hereby certify that the information above is true	and complete to the best of my knowledge and belief.		
SIGNATURE	layITTLE	Field Tech.	DATE 9/4/97
TYPE OR PRINT NAME M. L. BLAY			TELEPHONE NO. (505) 374-3058
This space for State Use)	50 1/	CTRICT CILBRES	
APPROVED BY	With Time Di	STRICT SUPERVIS	OR DATE 9-11-87
CONDITIONS OF APPHOVAL, IF ANY:	//		
	V		