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	WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	30-021-20206
P.O. Drawer DD, Artesia, NM 88210	Sama 10, 1104 Mexico 67504-2000	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE FEE  6. State Oil & Gas Lease No.
		o. State on at Gas Pease 140,
SUNDRY NOT	ICES AND REPORTS ON WELLS	
DIFFERENT RESER	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-	-101) FOR SUCH PROPOSALS.)	Bravo Dome CO2 Gas Unit
OIL GAS WELL WELL	OTHER CO2	
2. Name of Operator		8. Well No.
Amoco Production Compa	any	1833-101G
3. Address of Operator P. O. Box 606, Claytor	n, NM 88415	9. Pool name or Wildcat
4. Well Location	, 111 00413	Bravo Dome CO2 Gas Unit
Unit Letter <u>G</u> : 165	O Feet From The NORTH Line and 16	50 For Frank FAST
1		,
Section	Township ISN Range 33E  10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NAPM HARDING COUNTY
	4740 GL	<i>\$(////////////////////////////////////</i>
II. Check A	ppropriate Box to Indicate Nature of Notice, R	eport, or Other Data
NOTICE OF INT		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON		ALTERING CASING
	CHANGE PLANS COMMENCE DRILLING	OPNS.  PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
DTHER:	OTHER: Yearly B	radenhead Test (TA Well) X
<ol> <li>Describe Proposed or Completed Operatio work) SEE RULE 1103.</li> </ol>	nos (Cleariy state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
YEAR MONTH/DAY	TUBING PRESSURE CASING	PRESSURE BLEED DOWN TIME
1996 June 5	305#	Ø
1997 1998		
1999		
2000		•
		-
		•
hereby certify that the information above is true and ON D	complete to the best of my knowledge and belief.	
ONATURE	lay TIELD YEO	H DATE 9-4-96
YPE OR PRINT NAME	M. L. CLAY	TELEPHONE NO. 505-374-3058
his space for State Use)		157 14- 30 2 0
nix space for State Use)		

(This space for State Use)

TYPE OR PRINT NAME

SIGNATURE

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT SUPERVISOR