State of New Mexico 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 OIL CONSERVATION DIVISION WELL ARENO		
P.C).Box 2088	30-021-20207
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
• • • • • • • • • • • • • • • • • • •		STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No.
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.)		7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT
I. Type of Well OIL GAS WELL OTH	7FP C02	:
WELL OTT	1DR COL	8. Well No.
Amoco Production Company		1731-161G
3. Address of operator		9. Pool name or Wildcat
P.O. Box 606, CLAYTON, NEW MEXICO	88415	BRAVO DOME CO2 GAS UNIT
4. Well Location		SINTER BOINE BOZ GAO CITIT
Unit Letter G: 1650 Feet From The	NORTH Line and 16	50 Feet From The EAST Line
Section 16 Township 17	7N Range 31E N	MPM HARDING County
10. Elevation	(Show whether DF, RKB, RT, GR, etc.)	
	4330 GR	•
II. Check Appropriate Box to I	ndicate Nature of Notice, Re	port or Other Data
NOTICE OF INTENTION TO:	1	-
NOTICE OF INTENTION TO:	501	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDO	N REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING O	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEM	BOL TM
OTHER:	OTHER: YEARL	Y 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.) SHE RULE 1103.		
YEAR MONTH/DAY TUBING PRESSURE CASING PRESSURE PLEED DOWN TIME		
YEAR MONTH/DAY TUBING PRESSURE CASING PRESSURE BLEED DOWN TIME 1990 JUNE 21 0 0 0		
1991 JUNE 17 0 0		
1992 JUNE 12 0 0		
1993 MAY 19 0 0		
1994 MAY 27 0 0		
1995 Take 9 0		
1997		
1998		•
1999		
2000		
I hereby certify that the information above is true and complete to th	best of my knowledge and belief	
SIGNATURE M. S. Clay	TITLE FIELD TE	CH. DATES 8-5-96
TYPE OR PRENT NAME	I.L. CLAY	TELEPHONE NO. (505) 374-3053
		TELEFHONE NO. (000) 374-3003

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT SUPERVISOR 8-20-96