

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  
P.O. Box 2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-021-20207
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	BRAVO DOME CO2 GAS UNIT
8. Well No.	1731-161G
9. Pool name or Wildcat	BRAVO DOME CO2 GAS UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4330GR

**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.)

1. Type of Well	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2
2. Name of Operator	Amoco Production Company
3. Address of operator	P.O. Box 3092, Houston, Texas 77253
4. Well Location	Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 16 Township 17N Range 31E NMPM HARDING County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4330GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: YEARLY BRADENHEAD TEST (TA WELL) <input checked="" type="checkbox"/>

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/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 21	0	0	
1991	JUNE 17	0	0	
1992	JUNE 12	0	0	
1993				
1994				
1995				
1996				
1997				
1998				
1999				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Billy E. Prichard TITLE FIELD FOREMAN DATE 9/28/92

TYPE OR PRINT NAME BILLY E. PRICHARD TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson DISTRICT SUPERVISOR DATE 10-6-92

CONDITIONS OF APPROVAL, IF ANY: