

Submit 3 Copies  
to Appropriate  
District Office

OIL CONSERVATION DIVISION  
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

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

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                    |                                                             |
|----------------------------------------------------|-------------------------------------------------------------|
| WELL API NO.                                       | 30-021-20212                                                |
| 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.                                        | 1832-251G                                                   |
| 9. Pool name or Wildcat                            | BRAVO DOME CO2 GAS UNIT                                     |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 4695 GR                                                     |

**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<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/> | 2. Name of Operator<br>Amoco Production Company                                                                                                             |
| 3. Address of operator<br>P.O. Box 606, CLAYTON, NEW MEXICO 88415                                                                                  | 4. Well Location<br>Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line<br>Section 25 Township 18N Range 32E NMPM HARDING County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                      |                                                                                                                                                             |

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: YEARLY 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.) SEE RULE 1103.

| YEAR | MONTH/DAY | TUBING PRESSURE | CASING PRESSURE | BLEED DOWN TIME |
|------|-----------|-----------------|-----------------|-----------------|
| 1990 | JUNE 21   | 425#            | 0               |                 |
| 1991 | JUNE 11   | 425#            | 0               |                 |
| 1992 | JUNE 11   | 415#            | 0               |                 |
| 1993 | MAY 17    | 415#            | 0               |                 |
| 1994 |           |                 |                 |                 |
| 1995 |           |                 |                 |                 |
| 1996 |           |                 |                 |                 |
| 1997 |           |                 |                 |                 |
| 1998 |           |                 |                 |                 |
| 1999 |           |                 |                 |                 |
| 2000 |           |                 |                 |                 |

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

SIGNATURE M.L. Clay TITLE FIELD TECH. DATE 10-4-93

TYPE OR PRINT NAME M.L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 10-18-93

CONDITIONS OF APPROVAL, IF ANY.