State of New Mexico							
	Submit 3 Copies to Appropriate	Energy, Minerals and Natural Resources Department of Office RICT I OH. CONSERVATION DIVISION AND INC.				Form	
	District Office				N DIVISION	Revise	d 1-1-89
	DISTRICT I P.O. Box 1980, Hobbs, NM 88240				, <u>30</u>		
			P.O.Box 2088		WELL API NO		
	DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	New Mexico 8	37504-2088	FM 9 33	30-021-20220	
	•				5. Indicate Type		
	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10				STATE	FEE
					6. State Oil & C	as Lease No.	
ſ	SUNDRY N	OTICES AND RE	PORTS ON V	VELLS			
1	(DO NOT USE THIS FORM FOR	PROPOSALS TO DRI	LL OR TO DEFE	EN OR PHIC BACK TO A			
	DIFFERENT RE	SERVOIR. USE "APP	LICATION FOR	PERMIT"	7. Lease Name of	or Unit Agreement Na CO2 GAS UNIT	ime
ŀ	1. Type of Well	M C-101) FOR SUCH	PROPOSALS.)		_ BRATO BOME	COZ GAS UNIT	
-	OIL GAS						
┢	2. Name of Operator	<u> </u>	OTHER	CO2			
	Amoco Production Company				8. Well No.		
-	3. Address of operator				 	1833-051F	
	P.O. Box 3092, Houston,	Texas	77253		9. Pool name or		
4	4. Well Location				BRAV	O DOME CO2 GA	S UNIT
	Unit Letter F:	1650 Feet From The	NORTH	Line and	50 Feet From	n The WE	ST .
							Line
	Section 5	Township			NMPM	HARDING	County
		10. Elev	ation (Show whethe	er DF, RKB, RT, GR, etc.)			
1	1. Charle			4766 GR			
-	Check A	Appropriate Box	to Indicate	Nature of Notice, Re	port, or Othe	r Data	
	NOTICE OF I	NTENTION TO:			SEQUENT R		
PE	ERFORM REMEDIAL WORK	PLUG AND ABAI	NDON	REMEDIAL WORK			
ТЕ	EMPORARILY ABANDON			MEMIEDIAL WORK		ALTERING CASIN	1G []
		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABAN	DONMENT
Pι	JLL OR ALTER CASING			CASING TEST AND CEN	IENT IOR		
01	THER:						
			[_]	OTHER: YEARLY	Y BRADENHEAD	TEST (TA WELL) X
13	Describe Proposed or Completed Ope- work.) SEE RULE 1103.	rations (Clearly state all	pertinent details, a	nd give pertinent dates, includ	ing estimated date	of starting any propo	sed
	workly bee Roll 1103.					,gy p. opo	<i>500</i>
	YEAR MONTH/DAY TUBING F	PRESSURE CASING	PRESSURF B	LEED DOWN TIME			
	1990 JUNE 21 40	5#	0	FEED DOAMIA LIMIE			
	1000	=	0				
	1992 JUNE 11 390	<i>J#</i>	0				
	1994 ,						
	1995						
	996						
	997						
	998 999						
·							
I	hereby certify that the information above	e is true and complete to t	he hest of my know	ladge and halise			
	1/1 2 6		ne ocst of my know	louge and belief.			/ /
SI	GNATURE	az	п	TLE FIELD TI	ECH	DATE	15/92
T	PE OR PRINT NAME M. L. CLAY					DATE	7.10
==						TELEPHONE NO.	(505) 374-3053
(7	his space for State Use	. /					
	14.51			en e		**	
ΑF	PROVED BY	Kun	TT	TLE		10	-19-92
cc	1					- DATE	
-	ONDITIONS OF APPROVAL, IF ANY:						