

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 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		<div style="border: 1px solid black; padding: 2px;">WELL API NO. 30-021-20221</div> <div style="border: 1px solid black; padding: 2px;">5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px;">6. State Oil & Gas Lease No.</div> <div style="border: 1px solid black; padding: 2px;">7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT</div> <div style="border: 1px solid black; padding: 2px;">8. Well No. 2132-211K</div> <div style="border: 1px solid black; padding: 2px;">9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT</div>																																																													
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.)																																																																	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/></div><div style="width: 35%;"></div></div>																																																																	
2. Name of Operator AMOCO PRODUCTION COMPANY																																																																	
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																																	
4. Well Location Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 21 Township 21N Range 32E NMPM HARDING County																																																																	
				10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4780 GR																																																													
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																																	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>			SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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.																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>YEAR</th><th>MONTH/DAY</th><th>TBG. PRESS.</th><th>CSG. PRESS.</th><th>BLEED DOWN TIME</th></tr></thead><tbody><tr><td>1990</td><td>9/27</td><td>335#</td><td>1#</td><td></td></tr><tr><td>1991</td><td>9/20</td><td>325#</td><td>0</td><td></td></tr><tr><td>1992</td><td>9/16</td><td>325#</td><td>0</td><td></td></tr><tr><td>1993</td><td>6/7</td><td>325#</td><td>0</td><td></td></tr><tr><td>1994</td><td>6/17</td><td>325#</td><td>0</td><td></td></tr><tr><td>1995</td><td></td><td></td><td></td><td></td></tr><tr><td>1996</td><td>6/6</td><td>315#</td><td>0</td><td></td></tr><tr><td>1997</td><td>4/14</td><td>315#</td><td>0</td><td></td></tr><tr><td>1998</td><td>6/11</td><td>315#</td><td>0</td><td></td></tr><tr><td>1999</td><td>6/16</td><td>320#</td><td>0</td><td></td></tr><tr><td>2000</td><td></td><td></td><td></td><td></td></tr></tbody></table>						YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME	1990	9/27	335#	1#		1991	9/20	325#	0		1992	9/16	325#	0		1993	6/7	325#	0		1994	6/17	325#	0		1995					1996	6/6	315#	0		1997	4/14	315#	0		1998	6/11	315#	0		1999	6/16	320#	0		2000				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.																																																																	
SIGNATURE <i>M. J. Clay</i>		TITLE Field Tech.		DATE 9/2/99																																																													
TYPE OR PRINT NAME M. J. CLAY				TELEPHONE NO (505) 374-3058																																																													
(This space for State Use)		APPROVED BY <i>R. E. Johnson</i>		TITLE DISTRICT SUPERVISOR DATE 9/13/99																																																													
CONDITIONS OF APPROVAL, IF ANY:																																																																	