

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89																																																												
OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-021-20234																																																												
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>																																																												
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		6. State Oil & Gas Lease No.																																																												
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT																																																												
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.)		8. Well No. 2033-162K																																																												
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CO2 <input type="checkbox"/>		9. Pool name or Wildcat BRAVO DOME CO2 GAS UNIT																																																												
2. Name of Operator AMOCO PRODUCTION COMPANY																																																														
3. Address of Operator P.O. Box 303, AMISTAD, NEW MEXICO 88410																																																														
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>16</u> Township <u>20N</u> Range <u>33E</u> NMPM <u>HARDING</u> County																																																														
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>5029</u>																																																												
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																														
<table border="0" style="width:100%;"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABANDONMENT <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CEMENT JOB <input type="checkbox"/></td><td></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td></td><td>OTHER: <u>Yearly Bradenhead Test (TA Well)</u> <input checked="" type="checkbox"/></td><td></td></tr></table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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: <u>Yearly Bradenhead Test (TA Well)</u> <input checked="" type="checkbox"/>																																									
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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></td><td></td><td></td><td></td></tr><tr><td>1991</td><td></td><td></td><td></td><td></td></tr><tr><td>1992</td><td></td><td></td><td></td><td></td></tr><tr><td>1993</td><td></td><td></td><td></td><td></td></tr><tr><td>1994</td><td></td><td></td><td></td><td></td></tr><tr><td>1995</td><td></td><td></td><td></td><td></td></tr><tr><td>1996</td><td></td><td></td><td></td><td></td></tr><tr><td>1997</td><td>9/8</td><td>NO TUBING IN WELL</td><td>310#</td><td></td></tr><tr><td>1998</td><td></td><td></td><td></td><td></td></tr><tr><td>1999</td><td></td><td></td><td></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					1991					1992					1993					1994					1995					1996					1997	9/8	NO TUBING IN WELL	310#		1998					1999					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 <u>M. L. Clay</u>		TITLE <u>Field Tech.</u> DATE <u>8/10/97</u>																																																												
TYPE OR PRINT NAME <u>M. L. CLAY</u>		TELEPHONE NO. (505) 374-3058																																																												
(This space for State Use) APPROVED BY <u>R. E. Johnson</u>		TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9-15-97</u>																																																												
CONDITIONS OF APPROVAL, IF ANY:																																																														