## State of New Mexico

Form C-103

| to Appropriate District Office                                                                                                                                                                         | Energy, Minerals and Natural Resources Department                                                                  |                                                                            |                                                                                             |                                                                  | Revised 1-1-89                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240                                                                                                                                                           | OIL CONSERVATION DIVISION                                                                                          |                                                                            |                                                                                             | WELL API NO.                                                     |                                                                              |  |
| P.O.Box 2088                                                                                                                                                                                           |                                                                                                                    |                                                                            |                                                                                             | WEEL ATTIO.                                                      | 30-021-20235                                                                 |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088                                                                                                                       |                                                                                                                    |                                                                            |                                                                                             | 5. Indicate Type                                                 | of Lease                                                                     |  |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                      |                                                                                                                    |                                                                            |                                                                                             | 6. State Oil & G                                                 | STATE FEE 6. State Oil & Gas Lease No.                                       |  |
| 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.) |                                                                                                                    |                                                                            |                                                                                             |                                                                  | 7. Lease Name or Unit Agreement Name Bravo Dome Carbon Dioxide Gas Unit 2033 |  |
|                                                                                                                                                                                                        |                                                                                                                    |                                                                            |                                                                                             | A 7. Lease Name                                                  |                                                                              |  |
|                                                                                                                                                                                                        |                                                                                                                    |                                                                            |                                                                                             | Bravo Dome Ca                                                    |                                                                              |  |
| 1. Type of Well OIL GAS WELL WELL                                                                                                                                                                      | ОТ                                                                                                                 | HER                                                                        | CO2 - Gas Well                                                                              |                                                                  |                                                                              |  |
| 2. Name of Operator                                                                                                                                                                                    |                                                                                                                    |                                                                            |                                                                                             | 8. Well No.                                                      |                                                                              |  |
| Amoco Production Company                                                                                                                                                                               |                                                                                                                    |                                                                            |                                                                                             |                                                                  | 191G                                                                         |  |
| 3. Address of operator                                                                                                                                                                                 |                                                                                                                    |                                                                            |                                                                                             | 9. Pool name or                                                  | Wildcat                                                                      |  |
| P.O. Box 606 Clayton                                                                                                                                                                                   | N. Mex                                                                                                             | 88415                                                                      |                                                                                             |                                                                  | Tubb                                                                         |  |
| 4. Well Location                                                                                                                                                                                       |                                                                                                                    |                                                                            |                                                                                             |                                                                  |                                                                              |  |
| Unit Letter G:                                                                                                                                                                                         | 1980 Feet From The                                                                                                 | North                                                                      | Line and                                                                                    | 1980 Feet Fro                                                    | m The EAST Line                                                              |  |
| Section 19                                                                                                                                                                                             |                                                                                                                    | 20N Ran                                                                    | <del>-</del>                                                                                | NMPM                                                             | Harding County                                                               |  |
|                                                                                                                                                                                                        | 10. Elevatio                                                                                                       | n (Show whether                                                            | DF, RKB, RT, GR, ew<br>5050                                                                 | .)                                                               |                                                                              |  |
| 11. Check A                                                                                                                                                                                            | Appropriate Box to                                                                                                 | Indicate Na                                                                | ature of Notice,                                                                            | Report, or Oth                                                   | er Data                                                                      |  |
| NOTICE OF                                                                                                                                                                                              | INTENTION TO:                                                                                                      |                                                                            | :                                                                                           | SUBSEQUENT R                                                     | EPORT OF:                                                                    |  |
| PERFORM REMEDIAL WORK                                                                                                                                                                                  | PLUG AND ABAND                                                                                                     | ON 🗌                                                                       | REMEDIAL WORK                                                                               |                                                                  | ALTERING CASING                                                              |  |
| TEMPORARILY ABANDON                                                                                                                                                                                    | CHANGE PLANS                                                                                                       |                                                                            | COMMENCE DRILLI                                                                             | NG OPNS.                                                         | PLUG AND ABANDONMENT                                                         |  |
| PULL OR ALTER CASING                                                                                                                                                                                   | ]                                                                                                                  |                                                                            | CASING TEST AND                                                                             | CEMENT JOB                                                       |                                                                              |  |
| OTHER:                                                                                                                                                                                                 |                                                                                                                    |                                                                            | OTHER:                                                                                      | Drilling, Casing, and                                            | Cementing Well                                                               |  |
| 12. Describe Proposed or Completed work.) SEE RULE 1103.                                                                                                                                               | Operations (Clearly state all                                                                                      | pertinent details                                                          | s, and give pertinent dat                                                                   | tes, including estimated                                         | date of starting any proposed                                                |  |
| Moved in, rigged up and spud a 720'. Cemented with 450 sack Drilled a 7-7/8" hole to 2466'. additives. Circulated 100 sacks casing to 500 psi 30 minutes ar down BOP and nippled up wellh              | s class A with additives.<br>Ran 83 joints of 4.5" fibe<br>of cement to the surface<br>od held ok. Drilled formati | Circulated 130<br>orglass product<br>or Released drill<br>on with air from | O sacks of cement to<br>ion casing and set at<br>ling rig 5/23/93. Mo<br>m 2466 to 2549', T | the surface. Pressu<br>2466'. Cemented v<br>ved in completion ur | with 565 sacks of class A with<br>nit 5/25/93. Pressure tested               |  |
| I hereby certify that the information  SIGNATURE                                                                                                                                                       | - 11                                                                                                               | т                                                                          | ntueBusir                                                                                   | ness Analyst                                                     | DATE                                                                         |  |
| TYPE OR PRINT NAME                                                                                                                                                                                     |                                                                                                                    | Mark Randolpi                                                              | h<br>                                                                                       |                                                                  | TELEPHONE NO. (713) 556-321                                                  |  |
| (This space for State Use)                                                                                                                                                                             | 21/                                                                                                                |                                                                            | Sand I have also had I have an                                                              | e established                                                    |                                                                              |  |