

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals, and Natural Resources Department	Form C-103 Revised 1-1-89																
<b>OIL CONSERVATION DIVISION</b>		<b>WELL API NO.</b> <b>30-021-20244</b>																
P.O. Box 1980, Hobbs, NM 88240 <b>DISTRICT II</b> P.O. Drawer DD, Artesia, NM 88210 <b>DISTRICT III</b> 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease <b>STATE</b> <input type="checkbox"/> <b>FEE</b> <input type="checkbox"/>																
P.O. Box 2088 Santa Fe, New Mexico 87504-2088		6. State Oil & Gas Lease No.																
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		7. Lease Name or Unit Agreement Name  <b>BRAVO DOME CO2 GAS UNIT</b>																
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>CO2</b>		8. Well No. <b>2033-221X</b>																
2. Name of Operator <b>AMOCO PRODUCTION COMPANY</b>		9. Pool name or Wildcat <b>BRAVO DOME CO2 GAS UNIT</b>																
3. Address of Operator <b>P.O. Box 303, AMISTAD, NEW MEXICO 88410</b>																		
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1960</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>20N</u> Range <u>33E</u> NMPM <u>Harding</u> County																		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4972</u>																		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data <table style="width:100%;"><tr><td style="width:50%; vertical-align: top;"><b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/></td><td style="width:50%; vertical-align: top;"><b>SUBSEQUENT REPORT OF:</b> 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: <input type="checkbox"/></td></tr></table>			<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <input type="checkbox"/>														
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12. Describe Proposed or Completed Operations <small>SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)</small> <div style="border: 1px solid black; padding: 10px; min-height: 150px;">MIRUSU, Kill well as necessary, NUBOP, Rel pkr, LD production tbg and packer, Run tbg to 2440 ft, Spot 15 sx cmt, Pull tbg, WOC, Run tbg tag cmt, Cmt should be above 2403 ft, Prs tst csg to 500psi, disp well with mud laden fluid, Pull tbg to 1944 ft, Spot 6 sx cmt, Pull tbg to 30 ft and fill csg with cement, NDBOP, Cut off wellhead, Install PXA marker, RD MOSU, Cut off SU anchors and clean location</div>																		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. <table style="width:100%;"><tr><td style="width:40%;">SIGNATURE <u>Billy E. Prichard</u></td><td style="width:20%;">TITLE <u>Operations Specialist</u></td><td style="width:20%;">DATE <u>1/20/98</u></td><td style="width:20%;"></td></tr><tr><td colspan="2">TYPE OR PRINT NAME <u>B. E. Prichard</u></td><td colspan="2">TELEPHONE NO. <u>(505) 374-3053</u></td></tr><tr><td colspan="2">APPROVED BY <u>Ry E. Johnson</u></td><td colspan="2">TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>2-5-98</u></td></tr><tr><td colspan="4">CONDITIONS OF APPROVAL, IF ANY:</td></tr></table>			SIGNATURE <u>Billy E. Prichard</u>	TITLE <u>Operations Specialist</u>	DATE <u>1/20/98</u>		TYPE OR PRINT NAME <u>B. E. Prichard</u>		TELEPHONE NO. <u>(505) 374-3053</u>		APPROVED BY <u>Ry E. Johnson</u>		TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>2-5-98</u>		CONDITIONS OF APPROVAL, IF ANY:			
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