

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

WELL API NO.  
30-021-20086

5. Indicate Type of Lease  
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

1. Type of Well:  
OIL WELL  GAS WELL  CO2 OTHER

8. Well No.  
1930 251J

2. Name of Operator  
Amoco Production Company

3. Address of Operator  
P. O. Box 3092; Houston, TX 77253

9. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas Unit

4. Well Location  
Unit Letter J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 25 Township T19N Range R30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4543

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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: 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.

YEAR	MONTH/DAY	TUBING PRESSURE	CASING PRESSURE	BLEED DOWN TIME
1990	JUNE 27	550#	0	
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. M. Long TITLE SR ADMINISTRATIVE ANALYST DATE 12/10/90  
TYPE OR PRINT NAME C. M. LONG TELEPHONE NO. 713-556-3216

(This space for State Use)  
APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 12-17-90  
CONDITIONS OF APPROVAL, IF ANY:

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR  
TEMPORARY ABANDONMENT STATUS EXPIRES 6-27-91

BDCDGU WELL NO.1930-251 J  
STATE KP NO.1 API NO.30-021-20086  
1980'FSL X 1980'FEL, SEC.25,T-19-N,R-30-E  
HARDING COUNTY NEW,MEXICO

