

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. 30-021-20221 5. Indicate Type of Lease STATE ☐ FEE ☐ 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name BRAVO DOME CO2 GAS UNIT 8. Well No. 2132-211K 9. Pool name or Wildcat 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.)																																																																	
1. Type of Well OIL WELL ☐ GAS WELL ☐ OTHER ☐ CO2 ☐																																																																	
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>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>21</u> Township <u>21N</u> Range <u>32E</u> NMPM <u>HARDING</u> County																																																																	
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4780</u> <u>GR</u>																																																															
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																																																																	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ OTHER: ☐			SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐ CASING TEST AND CEMENT JOB ☐ OTHER: Yearly Bradenhead Test (TA Well) ☒																																																														
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 <u>M. J. Clay</u>		TITLE <u>Field Tech.</u>		DATE <u>9/2/99</u>																																																													
TYPE OR PRINT NAME <u>M. J. CLAY</u>				TELEPHONE NO. <u>(505) 374-3058</u>																																																													
(This space for State Use)		APPROVED BY <u>R. E. Johnson</u>		TITLE <u>DISTRICT SUPERVISOR</u> DATE <u>9/13/99</u>																																																													
CONDITIONS OF APPROVAL, IF ANY:																																																																	