Submit 3 Copies	State of New Mexico				Form C-103
to Appropriate District Office	Energy, Minerals, and Natural Resources Department				Revised 1-1-89
DISTRICT I	OIL CONSE	RVATIO	N DIVIS	ION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088			30-037-20038	
DISTRICT II	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210	Salida Leg Men Macaret 07504-2000				STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					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
1. Type of Well					BRAVO DOME CO2 GAS UNIT
	GAS WELL C	ITHER	C02		
2. Name of Operator				·	8. Well No.
AMOCO EXPLORATION AND PRODUCTION COMPANY					1735-121G
3. Address of Operator 9.					9. Pool name or Wildcat
P.O. Box 303, AMISTAD, NEW MEXICO 88410					BRAVO DOME CO2 GAS UNIT
4. Well Location					
	1650 Feet From The	North	Line		Feet From The East Line
Section 12		7N	Range	35E NMP	PM Quay County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4573					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INT	TENTION TO:			SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL W	/ORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	_		CASING TES	T AND CEMENT JOB	
OTHER:			OTHER:	Yearly Bradenhead Test (TA W	(liet
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent details, including estimated date of starting any proposed work) SEE RULE 1103.					
YEAR MONTH/DAY		CSG. PF	RESS.	BLEED DOWN	TIME
1990 6/21	380#	0			
1991 6/11 1992 6/11	380#	0			
1992 6/11 1993 5/17	370#	0			
1993 5/17	380# 375#	0			
1995 6/7	375# 375#	0			
1996 5/21	375 #	0			
1997 5/8	375#	0			
1998 6/9	370#	0			
1999	0	0			
2000	0	0			
hereby certify that the information above is true and complete to the best of my knowledge and belief.					
IGNATURE M. L. Clay	2		ield Tech		DATE 8/26/98
YPE OR PRINT NAME M. L. CLA	Λ				TELEPHONE NO. (505) 374-3058
This space for State Use)	fu-	TITLE DI	STRICT	SUPERVI	SOR - 0/1/00
ONDITIONS OF APPROVAL, IF ANY:					DR DATE <u>9/16/98</u>